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COUNTY BOROUGH OF SWANSEA

ANNUAL REPORT

of the

Medical Officer of Health

FOR THE YEAR

1954

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HEALTH COMMITTEE

Constitution 1954 - 5.

His Worship the Mayor,
Alderman T.S. Harris.

Chairman - Councillor D.J. Fisher *

Vice-Chairman - Alderman Dr. T.C.Mort *

Alderman Mrs. R. Cross *
" A.L. Reed
" F. Shail
Councillor D.F. Bevan
" F.A. Gorst *
" R. Gronow *

Councillor Dr. L.W. Hefferman *
" Mrs. E. Jones *
" Dr. I.H. Jones
" A. Morgan *
" H.F. Strawford
" C.H. Thomas
" D.M. Williams

* Members of the Standing Sub-Committee.

(The Health Committee is concerned with all matters of public health).

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PREFACE

To the Mayor, Aldermen and Councillors of the County Borough of Swansea.

Mr. Mayor, Ladies and Gentlemen,

I beg to submit my Annual Report in accordance with Articles 6(3) and 17(5) of the Sanitary Officers (outside London) Regulations 1935 and 1951.

The year under review has been a year of consolidation, and particular attention has been paid to the improvement of our services to the public. Further efforts were also made to create a better spirit of co-operation with the other sections of the National Health Service and I feel that at the end of the year, we had achieved a certain amount of success in this direction. There were very few changes in the administration of the various schemes administered by the department and where changes have been made, they have been mentioned in the context of the report.

Vital Statistics.

The mid-year population estimated by the Registrar-General was 161,500 an increase of 800 over that of the previous year. The natural increase in the population, i.e. the excess of births over deaths was 312, as compared with 459 for 1953.

The live birth rate at 14.74 per 1,000 population was less than that for 1953, 15.2 per 1,000 population.

The still birth rate was 0.38 per 1,000 population, an increase over that of the previous year when it was 0.34 per 1,000 population.

There was also an increase in the number of deaths and the crude death rate, 2,069 and 12.8 per 1,000 respectively in comparison with 1,988 deaths and a crude death rate of 12.4 per 1,000 in 1953.

It is a pleasure to record a further reduction in the number of deaths from tuberculosis. 38 deaths were registered during the year (35 respiratory and 3 non-respiratory). In the previous year 52 persons died from this disease. The number of deaths and the death rate 0.22 per 1,000 population are the lowest recorded in the Borough.

Deaths from carcinoma of the lung numbered 61 (58 males and 3 females). In the previous year 63 deaths had been registered. The fact that we now have more people dying from cancer of the lung than from tuberculosis is a challenge to the medical and scientific research workers. It is interesting to record that seven cases of intra-thoracic new growths were diagnosed in general population examinees who attended the Static Mass Radiography Unit without previously consulting their own doctors. These are important findings and brings to mind the desirability of instituting an educational drive about cancer generally. There is, however, much doubt as to whether it is yet appropriate to conduct national or local campaigns and only a few local authorities are proceeding in the matter.

The number of infant deaths was 63 and the rate 26 per 1,000 live births. These are the lowest figures recorded in the Borough and the rate compares most favourably with that of England and Wales, viz. 25.4 per 1,000 related live births. Whilst our infant death rate has been showing a downward trend for many years, it has always been higher than England and Wales. It must therefore be a source of great satisfaction to all concerned with the maternity and child welfare service to realise that the infant mortality rate is now as low as that of England and Wales.

Another source of gratification is the fact that for the second year running there was no maternal death.

Infectious Diseases and Artificial Prophylaxis.

There was a great reduction in the number of notifications of infectious diseases. This was attributed to the general absence of measles and whooping cough.

For the sixth year in succession there was no case of diphtheria but whether this ideal state of affairs will continue is dependent on the number of children who are immunised. The number of children under five years of age who are immunised is still much less than desirable, and parents should realise that the elimination of the disease is conditional upon an adequate level of immunisation.

Tuberculosis.

As has already been mentioned, the number of deaths from tuberculosis, namely 38 is the lowest number recorded for the Borough. We must not, however, be lulled into a false sense of security. Whilst the national trend for some years has shown a sensational decline in the number of deaths from this disease, the infectivity rate remains fairly constant. This is a challenge to the preventive service, and with this in mind strong efforts were made during the year to trace contacts. A great deal of attention was paid to B.C.G. vaccination of contacts, particularly newly born infants, and a scheme was devised to ensure that the Chest Consultant was kept immediately informed of any children who were born to tuberculous mothers. Arrangements were also completed for the health visitors to inform the domiciliary midwives if there was any history of tuberculosis in any household in which the midwife had booked a case. If such a case was discovered the Chest Consultant was contacted with regard to arrangements for the confinement.

The Static Mass Radiography Unit was also used extensively and an account on the work undertaken at the Unit is included in the relevant section of the report.

Progress was also made with the B.C.G. vaccination of school pupils in accordance with Circular 22/53 (Wales). A copy of the authority's scheme is included in the context of the report.

Great value is also attached to our scheme for the routine chest X-ray of expectant mothers attending the ante-natal clinics. During the year four patients were diagnosed as suffering from pulmonary tuberculosis.

Co-operation with other National Health Service Bodies.

From the inception of the National Health Service Act, every opportunity has been taken to co-operate with the other sections of the service. During the year under review a great step forward was taken in this direction when arrangements were completed for the health visitors and the family doctors to co-operate with each other on their districts. Each doctor in the town was supplied with a booklet which gave a description of the health visitors' activities, together with the names and telephone numbers of the health visitors and the districts in which they were working. The co-operation between the family doctor, the district nurse and midwife has always been very close, but there was a missing link in the home health services. This has now been remedied by the introduction of the health visitor working in the closest conjunction with the family doctor. All have an important part to play in the care of the individual at home and this arrangement whereby the family doctor is able to call upon the assistance of the local health authority services will most certainly prove of great benefit to the individual.

National Assistance Act - Local Authority Services.

A further residential home was opened during the year - West Cross House - with accommodation for 56 residents. This was the sixth home to be opened out of the seven planned. It was decided that it should be a mixed home and was the first of its type to be provided. This arrangement proved popular with the residents and as there were no difficult administrative problems involved, it was agreed that the seventh home to be opened early next year at Eaton Crescent, Swansea, should also be a mixed home.

Adaptation work was started on Cwmllwyd Hospital, Waunarlwydd, Swansea, which would eventually provide hostel accommodation for problem families, who are now accommodated in Part III Accommodation at Mount Pleasant Hospital.

During the year, it was necessary to use the powers under Section 47 of the National Assistance Act on three occasions and details of each case are included in the context of the report.

Acknowledgements

I wish to thank the Chairman and members of the Health Committee for their encouragement and help throughout the year.

I am also indebted to the chief officials who have made contributions to this report and to the consultants, family doctors and all engaged in the medical and hospital services for their continued co-operation.

Finally, I wish to thank my staff for their diligence, help and conscientious endeavour during 1954.

I am, Mr. Mayor, Ladies and Gentlemen,
Your obedient servant,

E. B. MEYRICK.

Medical Officer of Health.

COUNTY BOROUGH OF SWANSEA.

Public Health Officers

Medical Officer of Health.

E.B. Meyrick, M.R.C.S.,(Eng). L.R.C.P.,(Lond). D.P.H.

Deputy Medical Officer of Health

A.J. Essex-Cater, M.R.C.S., L.R.C.P., D.C.H., D.P.H., D.I.H., F.R.A.I.

Lay Administrative Officer

T.L. James, C.R.S.I.

Medical Staff

Whole-time Assistant Medical Officers.

R.G. Richards, M.R.C.S., L.R.C.P.
D.E. Donald, M.B., Ch.B. (Glasgow).
V. Simmons, M.R.C.S., L.R.C.P., D.C.H.
G.J. Lowe, M.R.C.S., L.R.C.P.

Part-time Assistant Medical Officer

G.N. Ellis, M.B., B.S.

Temporary Part-time Assistant Medical Officers.

J. Thomas, B.Sc., M.B., B.Ch., D.R.C.O.G.
E. Hudson, M.B., Ch.B.

Consultants

Chest Physician	T.W. Davies, B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
Gynaecologist	J. Lloyd Davies, M.D., M.R.C.P., D.R.C.O.S., F.R.C.S.
Ophthalmologist	F.G. Hibbert, M.B., F.R.C.S., D.O.M.S.
Orthopaedic Surgeons	G.D. Rowley, B.Sc., M.B., Ch.N., M.Ch. Mervyn Evans, F.R.C.S.
Ear, Nose & Throat Surgeons	C.P. Robinson, M.B., M.Cl., B.A.O., F.R.C.S. J. Crowther, M.B., Ch.B., F.R.C.S.
Paediatrician	R.T. Jenkins, M.R.C.S., M.R.C.P., D.C.H.
Psychiatrist	G. Crosse, M.B., B.S., D.P.M.

Dental Staff - Whole-time

Senior Dental Surgeon	H.N. Tiplady, L.D.S.
Senior Asst. Dental Surgeon	J.F. Herbert, L.D.S.
Asst. Dental Surgeons	N.J. Rowlands, L.D.S., R.C.S. (Edin). Mrs. K.W.L. Hambury, L.D.S., R.C.S. H. Care, L.D.S., R.C.S.

Dental Staff - Part-time

J.L.P. Rees, L.D.S.
C.P. Morris, L.D.S.

Six Dental Attendants

Consulting Veterinary Surgeon

D. E. Pugh, M.R.C.V.S.

Public Analyst

Stanley Dixon, M.Sc., F.R.I.C.

Sanitary Inspection
Chief Sanitary Inspector

D.F. Jones, C.R.S.I., Meat & Other Foods Certificate.

Deputy Chief Sanitary Inspector

D.H. Jones, C.R.S.I., Meat & Other Foods Certificate.

Thirteen Assistant Sanitary Inspectors.

One Disinfestation Officer

Health Visitors & School Nurses

Superintendent Health Visitor and School Nurse

Mrs. M.E.I. Richards, S.R.N., S.C.M., H.V.C.

Chief Assistant Health Visitor and School Nurse.

Miss E.K.M. Williams, S.R.N., S.C.M., H.V.C.

Twenty-nine Full-time Health Visitors and School Nurses

Clinic Nurses

Seven Full-time Clinic Nurses.

Scabies Treatment Centres

Two Nursing Assistants.

Orthopaedic Staff

Senior Orthopaedic Nurse

Miss C.V. Thurston M.C.S.P., Orthopaedic Certificate
2 Assistant Orthopaedic Nurses.

Municipal Midwifery Service

Medical Supervisor of Midwives

G.N. Ellis, M.B., B.S.

Lay Supervisor of Midwives

Miss M.A. Arthur, S.R.N., S.C.M.

Midwifery Teacher

Mrs. R.J. Ratcliffe, S.R.N., S.C.M.
Eighteen Full-time District Midwives.

District Nursing Service.

Superintendent District Nurse

Miss I.M. Davies, S.R.N., S.C.M., Q.N., H.V.C.

Twenty-one full-time District Nurses.

Five Temporary Part-time Relief Nurses.

Mental Health Services.

Miss M.D. Collins, R.N. (M.D.)	Supervising & Authorised Officer.
L.J. Trafford	Assistant Supervising & Authorised Officer.
A.J. Penhorwood	Superintendent - Industrial Centre.
Mrs. E. Beale	Superintendent - Occupation Centre.
Miss G. Evans	Assistant Superintendent - Occupation Centre.
Mrs. S.J. Screech	Assistant Superintendent - Occupation Centre.
K.J. Johnson, S.R.N.	Assistant Superintendent - Industrial Centre.

Residential Accommodation - Homes for Aged & Infirm

W. Powell	Warden
Miss L. Griffiths	Warden - Female Homes
Miss V. Griffiths	Handicraft Instructress.

v Administrative & Clerical

Chief Clerk

S. F. Fisher.

Administrative Assistants.

Health	J.H. Smith, A.C.C.S.
Welfare	T.H. Edwards, D.P.A.,
Finance	H.G. Austin
School Health Service	F. Thomas, D.M.A.

Blind Welfare Officer

Mrs. V. Rowlands	Certified Home Teacher
Miss A.K. Ward	Assistant Blind Welfare Officer.

Thirty-two Clerks and Typists.

Staff Changes - 1954.

Medical.

Dr. M.E. Mellor took up duties as Assistant Medical Officer on 15th March, 1954, but relinquished the appointment in October 1954.

Dr. G.J. Lowe joined the Medical Staff on 17th May, 1954.

The following Assistant Medical Officers resigned on the dates indicated:-

Dr. S.E. Williams	13th March
Dr. G. Madel	20th March
Dr. G.M. George	30th April
Dr. N. David	17th July
Dr. M.M. Price	11th December

Dental

Mrs. K.W.L. Hambury and Mr. H. Care commenced duties as full-time Dental Surgeons on 15th March and 21st June respectively.

The following were appointed full-time Dental Attendants during the year and commenced duties on the dates indicated.

Miss M. Parker	20th January
Mrs. V.E. Anthony	9th March
Miss M.E. Phillips	17th May

Health Visitor

Miss A.M. Stevens joined the Health Visiting Staff on 17th March and Miss R.M. Walters and Miss M.E. Gravelle relinquished their appointments on 1st January and 4th September respectively.

Clinic Nurses

The following Clinic Nurses were appointed on the dates indicated.

Mrs. M.E. Hughes	3rd May
Miss E. Lloyd	30th May
Miss G.E. Thomas	25th October.

Miss A.L. Davies terminated her appointment on 30th June.

District Nurses

Miss O. Richards, took up duties on 4th February and resigned on 24th October.

Mrs. M.E. Perkins commenced duties on 16th September.

Midwives.

Mrs. A.M.M. Pullen commenced duties on 16th September.

The following Midwives relinquished their appointments on dates indicated.

Miss L.J. Gamage	23rd May
Miss P. Radford	23rd May
Miss A. Grenfell	5th October.

Blind Welfare

Miss A.K. Ward joined the staff as Assistant Blind Welfare Officer on 1st January.

Administrative and Clerical

The following joined the staff on the dates shown:-

Miss V. Starling	4th August
F.B. Fisher	1st October.

Resignations were received from the following members of the staff on the dates shown:-

Miss H.D. Devonald	28th February
Miss J.E. Norton	1st May
Miss M.Morgan	27th May
Miss M.F. Jones	14th August
Miss E. Strawford	8th September
W. Thomas	15th September
Miss M.E. Powell	31st December.

Speech Therapists

Miss C.M. Rees who commenced duties on 17th March resigned her appointment on 20th December.

Sanitary Inspector

Mr. Gerwyn Phillips took up duties on 4th August and Mr. D.S.Morgan resigned on 5th June.

GENERAL STATISTICS

Area of the Borough in acres excluding foreshore	21,600
" " " " " " including "	24,241
Population 1951 Census	160,988
Population mid 1954, Registrar General's estimate	161,500
No. of inhabited houses, according to Rate Books 31st March 1955	42,971
Estimated number of dwelling houses connected to water supply on the 31st March, 1955	42,946
No. of persons per acre	7.5
Rateable Value - 1st April, 1954	£1,141,334
Sum represented by a penny rate - Nett	£4,536

BIRTHS & DEATHS REGISTERED DURING THE YEAR

LIVE BIRTHS

		Total	Legitimate	Illegitimate
Males		1209	1178	31
Females		1172	1133	39
	Total	2381	2311	70

STILL BIRTHS

Males		26	26	-
Females		36	34	2
	Total	62	60	2

DEATHS

INFANTS UNDER ONE YEAR OF AGE

Males		34	32	2
Females		29	27	2
	Total	63	59	4

INFANTS UNDER FOUR WEEKS

Males		22	21	1
Females		17	15	2
	Total	39	36	3

TOTAL DEATHS - ALL CAUSES x

Males		1150
Females		919
	Total	2069

MATERNAL DEATHS

Nil.

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x The figure for deaths includes those members of the Armed Forces who were stationed in the area.

MAIN CAUSES OF DEATH SUPPLIED BY THE REGISTRAR GENERAL, CLASSIFIED ACCORDING TO AGE GROUPS AND SEX

Cause of Death	Sex	AGE GROUPS								Total in Sexes	Total er [illegible] Cause
		Under 1	1-	5-	15-	25-	45-	65-	75-		
1. Tuberculosis - respiratory ...	M					4	13	5		22	35
	F				1	7	4	1		13	
2. " - other ...	M		1							1	3
	F					1	1			2	
3. Syphilitic disease ...	M						1	3		4	6
	F						1	1		2	
4. Diphtheria	M									-	-
	F									-	
5. Whooping Cough	M	3								3	5
	F	1	1							2	
6. Meningococcal infections ...	M								1	1	2
	F		1							1	
7. Acute Poliomyelitis ...	M		1							1	1
	F									-	
8. Measles	M									-	-
	F									-	
9. Other infective and parasitic diseases	M		1							1	1
	F									-	
10. Malignant neoplasm, stomach ...	M					3	19	10	11	43	77
	F						8	12	14	34	
11. " " lung, bronchus ...	M					2	35	20	1	58	61
	F						2	1		3	
12. " " breast ...	F					2	14	8	6	30	30
13. " " uterus ...	F					4	15	4	1	24	24
14. Other malignant and lymphatic neoplasms	M					3	37	37	30	107	177
	F					4	24	22	20	70	
15. Leukaemia, aleukaemia ...	M				1		3		1	5	9
	F			1		1	1	1		4	
16. Diabetes	M						1			1	10
	F							5	4	9	
17. Vascular lesions of nervous system ...	M					3	28	35	56	122	300
	F			1		3	21	58	95	178	
18. Coronary disease, angina ...	M					6	82	75	45	208	303
	F					2	22	33	38	95	
19. Hypertension with heart disease ...	M						9	11	8	28	61
	F						8	11	14	33	
20. Other heart disease	M					8	24	39	71	142	308
	F				2	9	23	34	98	166	

Cause of Death	Sex	AGE GROUPS Under 1	1-	5-	15-	25-	45-	65-	75-	Total in Sexes	Total each Cause
21. Other circulatory disease ...	M						6	15	25	46	89
	F						8	10	25	43	
22. Influenza ...	M						3		1	4	6
	F							1	1	2	
23. Pneumonia ...	M	4	2			1	2	3	2	14	33
	F	5		1	1	1	2	2	7	19	
24. Bronchitis ...	M		1			1	31	30	18	81	107
	F	1					3	8	14	26	
25. Other diseases of respiratory system ...	M					2	6	4	1	13	18
	F		1					3	1	5	
26. Ulcer of stomach and duodenum ...	M						6	3	4	13	18
	F						2	1	2	5	
27. Gastritis, enteritis and diarrhoea ...	M	4	2					1		7	14
	F	3					3	1		7	
28. Nephritis and nephrosis ...	M					2	2	3	1	8	20
	F			1	1	3	3	1	3	12	
29. Hyperplasia of prostate ...	M							10	18	28	28
30. Pregnancy, childbirth, abortion ...	F										
31. Congenital malformations ...	M	6		1	1		2			10	23
	F	8	1			1	1	1	1	13	
32. Other defined and ill-defined diseases	M	17	1	1	1	8	31	13	40	112	203
	F	10	2		1	1	20	14	43	91	
33. Motor vehicle accidents ...	M		1	2	3	3	5	1	2	17	22
	F			1	2	2				5	
34. All other accidents ...	M		1	1	4	11	12	6	6	41	59
	F	1		1			1	2	13	18	
35. Suicide ...	M				1		4	2		7	14
	F					2	4	1		7	
36. Homicide and operations of war ...	M					1	1			2	2
	F										
Total in Sexes ...	M	34	11	5	11	58	363	326	342	1150	
	F	29	6	6	8	43	191	236	400	919	
TOTAL ALL GROUPS ...		63	17	11	19	101	554	562	742	2069	2069

DEATHS OF INFANTS UNDER 1 YEAR BY SEX, CAUSE GROUPS AND AGE AS SUPPLIED BY THE REGISTRAR GENERAL

	Sex	Under 1 day	1-6 Days	1 Week	2 Weeks	3 Weeks	Total under 4 weeks	1-2 Months	3-5 Months	6-8 Months	9-11 Months	Total under 1 year.
1. Whooping Cough (056)	M								1	1	1	3
	F										1	1
2. Pneumonia (490-493,763)	M							2	1		1	4
	F			1			1	1	2	1		5
3. Bronchitis (500-502)	M											-
	F							1				1
4. Gastro-enteritis diarrhoea (571,764)	M							2	2			4
	F							3				3
5. Congenital malformation (750-759)	M		3	1	1	1	6					6
	F	2	2	2			6		1		1	8
6. Post natal asphyxia and atelectasis (762)	M	1	3				4					4
	F	1					1					1
7. Congenital debility and other ill defined diseases of early infancy (773)	M		1				1					1
	F		1				1					1
8. Prematurity immaturity (774, 776)	M	4	4				8	1				9
	F	2	4				6	1				7
9. Other diseases of early infancy (rest of 760-776)	M	2	1				3					3
	F	1					1					1
10. All other causes	M											
	F	1					1					1
TOTALS	M	7	12	1	1	1	22	5	4	1	2	34
	F	7	7	3	-	-	17	6	3	1	2	29

NUMBER OF DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE, WITH THE PROPORTION OF ALL DEATHS AND THE RATE PER 1,000 PERSONS ALIVE FOR THE PERIOD

1945 - 1954

Year	Number of deaths			Total deaths all ages	Rate per cent of total deaths	Population	Rate per 1,000 Population.
	Under one year	One and under 5	Total				
1945	102	20	122	1,756	6.9	139,950	0.9
1946	86	19	105	1,789	5.8	148,940	0.7
1947	148	24	172	1,966	8.7	152,290	1.1
1948	113	21	134	1,753	7.6	158,000	0.8
1949	122	25	147	1,984	7.4	160,100	0.9
1950	84	16	100	1,954	5.1	161,700	0.6
1951	77	15	92	2,090	4.4	160,000	0.6
1952	89	10	99	1,889	5.2	160,400	0.6
1953	84	17	101	1,988	5.1	160,700	0.6
1954	63	17	80	2,069	3.8	161,500	0.5

VITAL STATISTICS FOR THE PERIOD 1945 - 1954.

Year	Population estimated to middle of each year	REGISTERED BIRTHS				REGISTERED DEATHS									
		Live		Still		Belonging to the District and supplied by the Registrar General for the calendar year.									
		Number	Rate (a)	Number	Rate (a)	Infant		Diarrhoea and Enteritis under 2 years		Child Mortality under 5 yrs.		Maternal		All Ages	
						Number	Rate (b)	Number	Rate (b)	Number	Rate (a)	Number	Rate (c)	Number	Rate (a)
1945	139,950	2,271	16.23	76	0.54	102	45	4	1.76	122	0.9	2	0.85	1,756	12.54
1946	148,940	2,915	19.60	86	0.58	86	30	7	2.40	105	0.7	3	1.00	1,789	12.00
1947	152,290	3,350	22.00	100	0.65	148	44	11	3.28	172	1.1	5	1.45	1,966	12.90
1948	158,000	2,868	18.10	69	0.44	113	39	12	4.18	134	0.8	2	0.68	1,753	11.10
1949	160,100	2,713	16,90	80	0.50	122	45	12	4.42	147	0.9	3	1.07	1,984	12.40
1950	161,700	2,541	15.70	58	0.36	84	33	2	0.80	100	0.6	4	1.53	1,954	12.10
1951	160,000	2,453	15.30	54	0.34	77	31	4	1.60	92	0.6	1	0.40	2,090	13.10
1952	160,400	2,440	15.21	63	0.39	89	36	6	2.46	99	0.6	1	0.40	1,889	11.77
1953	160,700	2,447	15.20	55	0.34	84	34	8	3.20	101	0.6	1	0.40	1,988	12.40
1954	161,500	2,381	14.74	62	0.38	63	26	7	3.00	80	0.5	-	-	2,069	12.81

(a) Rate per 1,000 population

(b) Rate per 1,000 live births

(c) Rate per 1,000 all births (live and still).

INFECTIOUS DISEASES

General

The number of cases notified during the year was 475. This is a low figure and the reason for it being so low was the absence of measles and whooping cough in epidemic form. Since 1949 at least a 1,000 notifications annually have been received in respect of measles, but thisyear there were only 23. Whooping cough notifications dropped from 818 in 1953 to 174.

Diphtheria.

For the sixth year in succession there was no case of diphtheria.

Food Poisoning.

Nine cases were notified during the year. Of these seven were single cases, the agent being identified in each case. There was a single outbreak as a result of which there were two confirmed cases. This outbreak was due to Salmonella organisms.

Poliomyelitis.

Seven cases were notified this year as compared with 18 in the previous year. Of these seven, three were paralytic.

Numbers of all cases of infectious and other notifiable diseases originally notified during the year 1954 and of the final numbers according to sex and age after corrections subsequently made either by the Notifying Medical Practitioner or by the Medical Superintendent of the Infectious Diseases Hospital.

£	Scarlet Fever		Whooping Cough.		Acute Poliomyelitis				Measles (excluding rubella)		Diphtheria.	
					Paralytic		Non-paralytic.					
	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified - Total (All Ages)	49	51	86	99	2	-	4	-	10	13	-	-
Final numbers after correction												
Under 1 year ...	-	-	17	7	-	-	1	-	2	2	-	-
1 - 2 years ...	7	2	22	27	1	-	-	-	1	5	-	-
3 - 4 years ...	14	12	21	26	-	-	1	-	3	2	-	-
5 - 9 years ...	23	29	17	29	-	-	2	-	2	2	-	-
10-14 years ...	3	7	1	4	-	-	-	-	-	-	-	-
15-24 years ...	1	1	-	-	1	-	-	-	-	-	-	-
25 and over ...	1	-	1	-	-	1	-	-	-	2	-	-
Age unknown ...	-	-	1	1	-	-	-	-	1	1	-	-
Total (all ages) ...	49	51	80	94	2	1	4	-	9	14	-	-

	Acute Pneumonia		Dysentery.		Small-pox		Acute encephalitis				Enteric or Typhoid fever.	
							Infective.		Post infectious			
	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified - Total (All Ages)	17	15	34	22	-	-	-	-	-	-	-	-
Final numbers after correction												
Under 5 years	4	4	19	10								
5 - 14 years	1	3	10	5								
15 - 44 years	5	4	5	6								
45 - 64 years	2	1	1	2								
65 and over	3	3	-	1								
Age unknown	3	-	-	-								
Total (All Ages)	18	15	35	25	-	-	-	-	-	-	-	-

	Para-typhoid fevers		Erys-ipelas		Meningo-coccal infection		Food Poisoning		Other Notifiable diseases			
	M	F	M	F	M	F	M	F	Original		Final	
Numbers originally notified Total (All Ages)	3	1	7	13	4	2	5	3	M	F	M	F
Final numbers after correction									Puerperal Pyrexia.			
Under 5 years	1	-	-	-	3	2	4	1	-	49	-	49
5 - 14 years	-	-	1	-	-	-	-	1				
15 - 44 years	-	1	-	4	-	-	1	1	Ophthalmia Neonatorum			
45 - 64 years	-	-	3	5	-	-	-	-				
65 and over	-	-	3	4	1	-	1	-	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-	Malaria			
Total (All Ages)	1	1	7	13	4	2	6	3	-	-	-	-

THE NUMBER OF CASES OF CERTAIN INFECTIOUS DISEASES NOTIFIED DURING THE PERIOD 1945-1954.

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Scarlet Fever ...	155	149	328	688	509	434	251	263	299	100
Diphtheria ...	35	14	10	2	-	-	-	-	-	-
Ophthalmia Neonatorum ...	30	31	44	21	19	7	7	1	8	-
Erysipelas ...	19	11	17	40	38	33	18	17	13	20
Puerperal Pyrexia ...	43	42	40	30	29	16	26	46	36	49
Pneumonia ...	111	73	76	53	69	80	132	74	46	33
Meningococcal Infection ...	6	9	5	3	4	2	7	6	5	6
Dysentery ...	53	56	28	33	1	36	37	15	8	60
Whooping Cough ...	207	265	343	530	439	334	678	215	818	174
Typhoid Fever ...	-	2	-	-	-	-	-	-	-	-
Para-Typhoid Fever ...	-	3	-	-	-	-	-	29	2	2
Acute Encephalitis - Infective	-	-	-	-	-	-	1	1	-	-
Post Infectious	-	-	-	-	-	-	-	2	-	-
Measles ...	1891	48	2471	482	1552	1580	1608	1387	1358	23
Poliomyelitis ...	3	2	31	11	30	48	25	16	18	7
Malaria ...	-	1	2	-	-	4	-	-	3	1
TOTAL ...	2553	706	3395	1893	2690	2574	2792	2072	2614	475

VENEREAL DISEASES

Auxiliary Centre for the treatment of Mother and Children

The number of cases of Venereal Disease has dropped considerably - only one new case of Syphilis and 16 of Gonorrhea having been discovered among the patients attending the Ante-Natal Clinics of the town. The work of the clinic has been mainly concerned with treatment of leucorrhoea in pregnant women and intravenous iron therapy in pregnant women. 5 cases of syphilis were discharged as cured and 3 defaulted; one of these was a child suffering from congenital syphilis; another was a pregnant woman who did not complete her treatment and the child was not seen after birth; the third defaulted after her confinement - her child was negative. Three other children born to women treated during pregnancy were negative. Every effort is made to encourage the defaulters to attend the clinic, but in two of these cases there was no success; the third case left town for an unknown destination.

Age and Sex Distribution of cases under treatment or observation at the beginning and end of the year.

	Syphilis			Gonorrhoea		Other Conditions			Totals	
	Males	Females		Females		Males	Females			
	Under 15	Under 15	Adults	Under 15	Adults	Under 15	Under 15	Adults	Males	Females
1st Jan.	-	-	29	-	12	-	-	60	-	101
31st Dec.	-	-	22	-	10	-	-	69	-	101

The new cases dealt with during the year were obtained from the following sources:-

Ante-natal Clinic	...	172
Post-natal Clinic	...	22
Infant Welfare Clinic	...	5
Orthopaedic Clinic	...	3
School Medical Inspection	...	2
Social Worker	...	1
Eye Clinic	...	1
Midwife	...	1
Children's Officer	...	10
Private Practitioner	...	1
Mental defective	...	1
Health Visitor	...	3
		222 *

* This figure does not agree with the figure of 234, the total of item 3 of the table on page 17. The table refers to conditions diagnosed, and not cases dealt with.

WORK OF THE AUXILIARY CLINIC FOR THE DECADE 1945 - 1954.

Year	Number of New Cases.				Number of Cases cured or diagnosed as other conditions				Number of Patients dealt with during the year.				Attendances			Average Attendance per patient.	Percentage of Total Attendances at M.O's Clinic.
	S.	G.	O.C.	T.	S.	G.	O.C.	T.	S.	G.	O.C.	T.	At Medical Officer's Clinics.	For Intermediate Treatment by Nurses	Total		
1945	10	55	288	353	10	19	105	134	93	108	428	629	4,716	501	5,217	8.3	90.4
1946	18	40	352	410	11	8	76	95	90	76	469	635	4,454	392	4,846	7.6	91.9
1947	13	33	296	342	9	4	76	89	75	71	458	604	2,998	273	3,271	5.4	91.7
1948	15	20	310	345	18	5	88	111	71	32	416	519	3,330	273	3,603	6.9	92.4
1949	6	57	212	275	8	11	237	256	50	63	331	444	3,709	201	3,910	8.8	94.8
1950	11	61	233	305	7	22	234	263	50	92	322	464	3,912	281	4,193	9.0	93.3
1951	9	25	228	262	5	18	264	287	44	54	345	443	3,898	288	4,186	9.4	93.1
1952	9	41	177	227	3	3	228	234	42	46	280	368	2,940	219	3,159	8.6	93.5
1953	6	32	213	251	2	10	219	231	40	51	286	377	2,943	233	3,176	8.5	92.7
1954	1	16	217	234	5	11	241	257	30	30	316	376	3,343	203	3,546	9.4	94.3

S - Syphilis; G - Gonorrhoea; O.C. - Other Conditions; T - Total.

TABLE SHOWING THE NUMBER OF CASES OF VENEREAL DISEASES DEALT WITH DURING THE YEAR

	Swansea Cases seen at the Swansea Hospital Clinic.				Swansea Cases seen at the Auxiliary Clinic				Total of Swansea Cases				Seamen seen at the Swansea Hospital Clinic			
	S.	G.	O.C.	T.	S.	G.	O.C.	T.	S.	G.	O.C.	T.	S.	G.	O.C.	T.
1. No. of patients from previous years under treatment 1st January.	59	15	54	128	29	12	60	101	88	27	114	229	9	24	28	61
2. Previously discharged cases which returned during the year.	2	-	-	2	-	2	39	41	2	2	39	43	-	-	-	-
3. No. of patients dealt with for the first time this year:-																
(i) Syphilis, congenital (under 1 year)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(ii) Syphilis, congenital (over 1 year)	1	-	-	1	-	-	-	-	1	-	-	1	-	-	-	-
(iii) Other Syphilis.	13	-	-	13	1	-	-	1	14	-	-	14	3	-	-	3
(iv) Other Conditions	-	45	130	175	-	16	217	233	-	61	347	408	-	45	105	150
4. No. of patients dealt with for the first time in the year and who are known to have received treatment elsewhere.	6	7	1	14	-	-	-	-	6	7	1	14	18	29	4	51
Total Number of patients dealt with during the year.	81	67	185	333	30	30	316	376	111	97	501	709	30	98	137	265

S - Syphilis; G - Gonorrhoea; O.C. - Other Conditions; T - Total.

VENEREAL DISEASES (Continued)

	Swansea Cases seen at the Swansea Hospital Clinic				Swansea Cases seen at the Auxiliary Clinic				Total of Swansea Cases.				Seamen seen at the Swansea Hospital Clinic.			
	S.	G.	O.C.	T.	S.	G.	O.C.	T.	S.	G.	O.C.	T.	S.	G.	O.C.	T.
5. No. of patients suffering from syphilis and gonorrhoea discharged after completion of treatment and final tests of cure or who were diagnosed as "other conditions".	13	16	136	165	5	11	241	257	18	27	377	432	7	17	64	88
6a No. of patients who ceased to attend before completion of treatment and were suffering from:- (i) Acquired Syphilis	5	-	-	5	2	-	-	2	7	-	-	7	-	-	-	-
(ii) Congenital Syphilis (under 1 year)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(iii) " " (over 1 year)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(iv) Gonorrhoea.	-	-	-	-	-	6	-	6	-	6	-	6	-	-	-	-
6b No. of patients under treatment or observation known to have died:- (i) from Syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(ii) from Treatment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(iii) from Other Causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. No. of patients suffering from:- (i) Syphilis who defaulted after completion of treatment but before final discharge.	13	-	-	13	1	-	-	1	14	-	-	14	-	-	-	-
(ii) Gonorrhoea	-	19	-	19	-	3	-	3	-	22	-	22	-	-	-	-
8. No. of patients transferred to other centres or institutions or to private practitioners	4	2	1	7	-	-	6	6	4	2	7	13	16	70	42	128
9. No. of patients remaining under treatment or observation on the 31st Dec.	46	30	48	124	22	10	69	101	68	40	117	225	7	11	31	49
TOTAL ...	81	67	185	333	30	30	316	376	111	97	501	709	30	98	137	265
10. Number of attendances:- (i) for individual attention of Medical Officers.	332	235	383	950	221	121	3001	3343	553	356	3384	4293	31	86	107	224
(ii) for immediate treatment e.g. dressings etc.	642	176	378	1196	-	27	176	203	642	203	554	1399	57	98	200	355
TOTAL ATTENDANCES ...	974	411	761	2146	221	148	3177	3546	1195	559	3938	5692	88	184	307	[illegible]79

CARE OF EXPECTANT MOTHERS & CHILDREN UNDER SCHOOL AGE.

Expectant and Nursing Mothers.

Ante-natal and post-natal clinics are held in seven centres in the area. In six of these centres combined ante-natal and post-natal sessions are held, but at the remaining centre, Eaton House Clinic, two separate sessions a month are devoted to post-natal work. The number of sessions devoted to ante-natal work is thirteen per week.

The arrangements for this service are similar to those described in the report for 1952.

The following table sets out the work undertaken during the year.

	Ante-Natal Clinics	Post-Natal Clinics
1. No. of clinics provided	7	1
2. No. of sessions held per month	52	2
3. No. of patients who attended during the year	2,332	803 (569)*
4. No. of new patients in (3) above	1,717	781 (547)*
5. Total attendances	15,083	908 (619)*

* The first figures shown relate to the total post-natal work. The figures in brackets are in respect of patients seen and attendances of post-natal patients at the ante-natal clinics.

Compared with the previous year, there was a reduction in the number of patients attending and in the total number of attendances.

Child Welfare

There were no changes in the year under review. A full report of the Council's scheme is contained in the report for 1952.

The following table shows the number of children who attended during the year and the number of attendances made.

Number of centres provided at the end of the year	9
Number of child welfare sessions now held per month at the centres	64
Number of children who first attended a centre of this local health authority during the year and who at their first attendance were under one year of age	1,776
Number of children who attended during the year and who were born in:-	
1954 1,581	
1953 1,017	
1952-49 989	
Total number of children who attended during the year	3,587

Number of attendances made by children who at the date of attendance were:-

Under one year	12,958
One but under two years	2,397
Two but under five years	1,579
Total attendances during the year	16,934

During 1953, 4,065 children attended and the attendances were 20,299.

Minor Ailment Clinics.

A number of children under five year of age received minor ailment treatment at the clinics and the following table shows the extent during the year:-

Number of defects treated during the year.

Ringworm, scalp	-
Ringworm, body	1
Scabies	6
Impetigo	50
Other diseases of the skin	11
Eye disease, external and other (but excluding errors of refraction, squint, and cases admitted to hospitals)	27
Ear defects, excluding serious diseases of the ear.	6
Miscellaneous (e.g. minor injuries, bruises, sores, childblains etc.)	160
Total defects treated	251
Total attendances	663

Defective Vision and Squint (excluding minor ailments)

Number of defects dealt with:-	
Errors of refraction	484
Total attendances	484
Attendances for special examinations	127
Attendances for re-examination	357
Number of children for whom spectacles were prescribed	76
Number of children for whom spectacles were obtained	50
Number of children who received operative treatment for defective vision and squint	-

Orthopaedic and Postural Defects.

The following table shows the work undertaken at the Orthopaedic Clinic in respect of children under five years:-

New cases treated during the year	180
Old cases who continued treatment during the year	396
Total number receiving treatment	576
Total attendances by these patients	3,447
No. of special cases seen by doctor	337
No. of re-examinations by doctor	213
No. of cases treated at hospitals	7

Care of Premature Infants.

The arrangements for the special care of the premature infants were the same as outlined in my report for the years 195[illegible] and 1953. Details of the number of premature births notified during the year are shown below:-

1. Number of Premature Live Births notified (as adjusted by transferred notifications)

(a)	In hospital	149
(b)	At home	38
ж (c)	In private nursing homes.	9
	Total	196

2. Number of Premature Still-Births notified (as adjusted by transferred notifications)

(a)	In hospital	36
(b)	At home	7
(c)	In private nursing homes	1
	Total	44

ж "Private nursing homes" includes nursing homes and maternity hospitals and homes not in the National Health Service and Mother and Baby Homes where women are confined in the Home.

	PREMATURE LIVE BIRTHS															PREMATURE STILL-BIRTHS		
	Born in Hospital.			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day.			Born in nursing home and nursed entirely there.			Born in nursing home & transferred to hospital on or before 28th day			Born in hos-pit-al.	Born at home	Born in nurs-ing home
(1)	Total (2)	Died within 24 hrs. of birth (3)	Survived 28 days. (4)	Total (5)	Died within 24 hrs of birth. (6)	Survived 28 days. (7)	Total (8)	Died within 24 hrs of birth. (9)	Survived 28 days. (10)	Total (11)	Died within 24 hrs of birth. (12)	Survived 28 days. (13)	Total (14)	Died within 24 hrs of birth (15)	Survived 28 days (16)	(17)	(18)	(19)
(a) 3lb.4oz. or less (1500 grms or less)	15	13	-	5	3	1	3	2	-	-	-	-	-	-	-	17	4	-
(b) Over 3lb.4oz. up to & inc. 4lb.6oz. (1500 - 2000 grms)	29	3	21	7	-	5	2	-	2	1	-	1	-	-	-	10	1	-
(c) Over 4lbs.6oz. up to & inc. 4lbs.15oz (2000 - 2500 grms)	74	1	73	6	-	2	3	-	3	7	-	7	-	-	-	7	1	1
(d) Over 4lb.15oz up to & inc. 5lb.8oz. (2250 - 2500 grms)	31	-	31	21	1	8	1	-	1	1	-	1	-	-	-	2	1	-
TOTAL ...	149	17	125	29	4	16	9	2	6	9	-	9	-	-	-	36	7	1

Welfare Foods.

Circular 10/54 (Wales) dated the 7th April 1954 stated that it had been decided that when the local offices of the Ministry of Food closes at about the end of June the local distribution of welfare foods to beneficiaries shall be undertaken by local health authorities as part of their duties under the National Health Service. Distribution to authorities will be arranged by the Ministry of Food. The foods concerned are National Dried Milk, orange juice, cod liver oil and Vitamins A & D. tablets.

The arrangements will be undertaken as part of the authorities' duty to provide services for the care of expectant and nursing mothers and young children under Section 22 of the National Health Service Act 1946.

In view of this, it was necessary to seek the approval of the Ministry for a modification of our proposals under Section 22 in the following terms:-

> "The Council propose, as part of their arrangements under Section 22, to distribute welfare foods supplied by the Ministry of Food, which are included in the National Welfare Foods Scheme; and to purchase and distribute other welfare foods where the welfare of expectant and nursing mothers or young children so require".

Prior to the transferring of these functions to the local health authority, welfare foods had been distributed from our infant welfare centres, by arrangement with the Ministry of Food, and these arrangements were working smoothly. It was therefore decided to continue as previously and the transfer was effected smoothly.

The quantity of welfare foods distributed from the 28th June 1954 (i.e. the date of take over) to the end of the year is shown below:-

National Dried Milk	....	44,713 tins
Cod Liver Oil	....	7,736 bottles
Orange Juice	....	31,419 bottles
Vitamin A & D tablets	....	1,923 packets.

Care of Unmarried Mothers

There have been no changes in the arrangements for the care of unmarried mothers. During the year three expectant mothers were admitted to Plasnewydd Hostel, Burry Port, Carmarthenshire.

Dental Care

The Senior Dental Officer, Mr. H.N. Tiplady reports as follows:-

"The Dental treatment of expectant and nursing mothers and children under school age is now carried out at four full-time and three part-time clinics - Eaton House, Mansel Street, Cwmbwrla, Morriston, and Mumbles, Townhill, St. Thomas respectively. The number of dental officers is now five with two part-time dentists giving treatment at four sessions. The equivalent of 5/12ths of a dental officer is given up to M. & C.W. work.

Expectant mothers are referred from the ante-natal clinics by the medical officers. Nursing mothers with babies of not more than one year are eligible for treatment and may be referred from many sources, as also the children under school age. The number of sessions (i.e. equivalent complete half-days) devoted to this work was approximately 160.

There is some little improvement in the ratio of fillings to extractions - with or without the supplying of dentures. As however many of the expectant mothers are referred rather late in pregnancy, on account of pain, there is not the opportunity to give extensive conservative treatment.

Most of the denture work is done by a local technician who is not directly employed by the Authority".

Number provided with Dental Care.

	Examined	Needed Treatment	Treated	Made Dentally Fit
Expectant & Nursing Mothers ...	321	321	308	47
Young Children ...	279	238	212	61

Forms of Dental Treatment provided

	Expectant and Nursing Mothers	Young Children
Scaling and gum treatment	27	1
Fillings	113	28
Silver Nitrate treatment	-	17
Extractions	651	307
General Anaesthetics	221	143
Dentures provided -		
Full upper or lower	24	-
Partial " "	20	-
Radiographs	5	

Other Services

Gynaecological and venereal diseases clinics formerly provided by the local authority, but now under the control of the Regional Hospital Board are still held in the premises of the local health authority, i.e. Eaton House Clinic. A report on the work of the Auxiliary (Venereal Diseases) Clinic is shown on page 15. The Gynaecological Clinic is still well attended, but unfortunately, the services of a Consultant Gynaecologist ceased in April. This is a great disadvantage to the work being undertaken at the clinic.

During the year 204 new patients attended and the total number of attendances was 1,232. The conditions for which the new patients sought treatment are as follows:-

Sterility	36
Birth Control	40
Menstrual disorders	22
Menopausal disorders	2
Prolapse	26
Retained products of conception	3
Cervical erosion	27
Vaginitis	24
Habitual Abortions	2
Other conditions	20

DOMICILIARY MIDWIFERY

The arrangements in respect of the service during the year under review were similar to those shown in the report for 1952.

Births

The number of births notified in the Authority's area during the year, under Section 203 of the Public Health Act, 1936 as adjusted by any transferred notifications is as follows:-

	Livebirths		Stillbirths		Total	
	Actual	Adjusted	Actual	Adjusted	Actual	Adjusted
Domiciliary	889	874	16	-	905	874
Institutional	1975	1560	71	50	2046	1610

Medical Aid under Section 14 (1) of the Midwives Act 1951.

Number of cases in which medical aid was summoned during the year under Section 14(1) of the Midwives Act 1951, by a Midwife:-

(a) For Domiciliary Cases:-

(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service.	...	94
(ii) Others	...	54
		148

Administration of Gas and Air Analgesia.

(1) Institutional Midwives

Number of Institutional Midwives in practice in the area at the end of the year qualified to administer gas and air analgesia in accordance with with the requirements of the Central Midwives Board:-

(a) Employed in homes and hospitals in the National Health Service	...	38
(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	...	2

(2) Domiciliary Midwives

	Domiciliary Midwives employed directly by the Local Health Authority.
(a) Number of domiciliary midwives practising in the area at the end of the year, who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board.	22
(b) Numbers of sets of apparatus for the administration of gas and air in use at the end of the year.	20
(c) Number of cases in which gas and air was administered by midwives in domiciliary practice during the year:-	
(i) When doctor was not present at time of delivery of child.	205
(ii) When doctor was present at time of delivery of child.	381
(d) Number of cases in which pethidine was administered by midwives in domiciliary practice during the year:-	
(i) When doctor was present at time of delivery of child.	148
(ii) When doctor was not present at time of delivery of child.	180

Maternity Cases Attended

	Number of deliveries attended by midwives in the area during the year					
	Doctor not booked		Doctor booked		Totals	Cases in Institutions.
	Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked doctor or another).	Doctor not present at time of delivery of child.		
Midwives employed by the Authority	-	40	308	555	903	-
Midwives employed by the Hospital Management Committee under the National Health Service Act.	-	-	-	-	-	1,742
Midwives employed in private practice.	-	-	2	-	2	304
TOTAL ...	-	40	310	555	905	2,046

Number of cases attended by domiciliary midwives after discharge from hospital before 14th day - 780

Number of domiciliary cases in which the infant was wholly breast fed at the 14th day - 654

Midwives practising in the area of the local supervising authority at the end of the year

	Domiciliary Midwife	Midwives in Institutions	TOTAL
Midwives employed by the authority.	22	-	22
Midwives employed by the Hospital Management Committee under the National Health Service Act.	-	38	38
Midwives in private practice (including midwives employed in Nursing Homes).	4	3	7
TOTAL ...	26	41	67

'Flying Squad'.

The 'Flying Squad' was called out 13 times during the year, 12 times to patients in their own homes and once to a patient in a private Nursing Home. On one occasion the patient was not treated but was removed to hospital immediately.

9 cases were cases of severe post-partum haemorrhage and necessitated blood transfusion. Manual removal of the placenta was performed in one case and one patient was transferred to hospital after transfusion.

2 cases were cases of severe haemorrhage with miscarriage. Blood transfusion was carried out and both patients transferred to hospital.

The 'Squad' was called out on one occasion for blood transfusion of a patient during the puerperium.

HEALTH VISITING

The year under review was one of increasing tempo for the health visitors. A very serious effort was made to bring their duties more into line with that envisaged under the National Health Service Act, namely the health of the household as a whole, including the preservation of health and precautions against the spread of infection, an increasingly important part in health education and working in the closest co-operation with the family doctor.

To undertake all these duties satisfactorily would have meant employing more staff, but as the number of health visitor vacancies throughout the country are greater than the number of applicants, serious thought had to be given to the planning of the work of the depleted health visiting staff, so that the maximum advantage was obtained from their services.

In my report for last year, it was stated that it had become necessary to pay more attention to selective visits. This policy was maintained throughout 1954, particularly with regard to children under five years of age, and this is reflected in a reduction of over 3000 visits to this group during 1954. The time saved in this manner enabled the health visitors to devote more time to a closer co-operation with family practitioners. Up to andincluding 1953, the co-operation between the family practitioners and the health visitors left a great deal to be desired, but early in 1954 the position was discussed at the Executive Committee of the Swansea Division of the British Medical Association. As a result of this discussion it was agreed that I should send the following letter to all general practitioners:-

"Dear Doctor,

THE HEALTH VISITOR AND THE FAMILY DOCTOR.

At the Executive Committee of the Swansea Division of the B.M.A. held on the 15th April, 1954, certain resolutions were adopted namely that the Medical Officer of Health should write to every general practitioner giving him:-

1. (i) The name or names of the Health Visitors serving his district.
   (ii) The list of the functions of the Health Visitors - as briefly as possible.
   (iii) The means of communicating rapidly with the Health Visitor along with the address and telephone no. of each Health Visitor.
2. It was requested that the Health Visitor for a particular area should make herself known personally to the General Practitioner.
3. It was thought that where anything of interest or abnormality was noted by the Health Visitor, she should immediately communicate her findings to the General Practitioner.
4. In special cases where Health Visitors were required to attend a patient after discharge from Hospital, the General Practitioner should be notified that such a request had been made.

Accordingly the names of the Health Visitors, the addresses of their clinics, telephone numbers, and the areas which they serve are appended. Further an explanatory note on the duties of the Health Visitor is also enclosed.

The Health Visitor can be contacted between 9 a.m. to 10 a.m. and 4 p.m. to 5 p.m. daily, and on Saturdays between 9 a.m. and 12.30p.m.

If urgently required at any other time a message can be left at the clinic from which they work and this will be passed on to them.

Each Health Visitor has been asked to call upon the general practitioners in the area in which she works so as to make herself known.

Yours sincerely,"

Subsequently there has been a great improvement in the relationship between the general practitioners and health visitors, which has been beneficial to the patient, as well as the doctors and health visitors.

Particulars of visits, etc., made by the health visitors during the year are as follows:-

Number of children under five years of age visited during the year	11,605
Total number of families or households visited by health visitors	12,651.

		First Visits.	Total Visits.
Expectant mothers	...	997	1,729
Children under one year of age	...	2,482	17,020
Children aged one but under two	...	-	8,095
Children aged two but under five	...	-	21,211
Tuberculosis households	...	-	3,616
Other cases	...	-	14,436
			66,107

HOME NURSING

In common with the experience of other local health authorities, the home nursing service is continually expanding. There are a number of reasons for this expansion, e.g. an ageing population, lack of hospital beds, but it is a fact that many more patients are now being located at home instead of being admitted to hospital.

During April and May of the year under review, the service was working under a great strain. It was noticed from the nurses records that there were heavy demands from the general practitioners for injection therapy to ambulant cases. In order to carry out this work, the nurses were unable to devote sufficient time to the nursing of the acute and chronic sick.

This problem was discussed most amicably with members of the Swansea Local Medical Committee, as a result of which the following letter was addressed to all general practitioners in June:-

"Dear Doctor,

At the recent meeting of the Swansea Local Medical Committee, the attention of the members was drawn to the unusually heavy demands placed on the District Nurses in giving injections and, whilst it was agreed that streptomycin injections will be given by the District Nurses, it was felt that injections of other kinds should be normally given by the general practitioners.

For your information, the following is a list of injections which have been taken from a cross section of 8 of the 17 districts in the borough:-

Total No. of Morphia injections	- 1 nightly
" " " Pethidine injections	- 1 nightly
" " " Streptomycin injections	- 17 daily
" " " Meralyl injections	- 78 twice or three times a week.
" " " Insulin injections	- 14 daily.
" " " Anahaemin injections	- 47 twice or three times weekly.
" " " Thiomerin injections	- 4 weekly
" " " Vit. B.12 injections	- 3 weekly
" " " Penicillin injections	- 40 daily or twice daily

This clearly shows the heavy demand placed on the District Nurses.

Unless these circumstances are altered, there is every possibility of a breakdown in the Nursing Service and for this reason the Committee agreed that, other than the injections of streptomycin, the remainder should be normally given by the general practitioners.

The Committee felt that the services of the District Nurse should be reserved for pure nursing, e.g. dressings and the care of the acute and chronic sick.

If, however, circumstances occur where the family doctor is unable, for special reasons, to give the necessary injections, then the co-operation of the District Nursing Service can be relied upon. Application should be made to the Superintendent District Nurse, Room 123, The Guildhall, Swansea.

Yours sincerely,"

I am glad to be able to report that the letter was accepted by all family practitioners in the spirit in which it was meant. As a result, the number of injections was considerably reduced and the time saved was available to the nurses to undertake their true function of nursing.

The nurses still travel by public transport, except for emergency cases in the evenings or on Sundays and Bank Holidays, when ambulance transport is provided, as there are no public omnibus services.

Particulars of the work done during the year are shown in the following tables:-

	No. of cases attended by the nurses during the year.	Number of visits made
1. Medical ...	1,837	57,432
2. Surgical ...	528	18,798
3. Infectious Disease ...	4	248
4. Tuberculosis ...	189	10,264
5. Maternal complications ...	14	123
6. Others ...	10	566
7. Total ...	2,582	87,431
8. Patients included in 1-6 above who were 65 years or over at the time of the first visit during the year ...	938	34,815
9. Children included in 1-6 above who were under 5 years at time of first visit during the year	111	861
10. Patients included in 1-6 above who had more than 24 visits during the year ...	727	53,834

Particulars of cases for the year.

	All Cases	Tuberculosis
Number of cases on register at beginning of year ...	581	53
New cases admitted during the year	2,001	136
Total number nursed during the year	2,582	189
Cases discharged during the year:-		
Completed or transferred to Hospital ...	1,798	146
Died ...	328	3
Total number removed	2,126	149
Cases remaining on the register at the end of the year ...	456	40

The number of cases dealt with during the year, 2,582 was less than the figure for the previous year, 2,965 but it is believed that a fair proportion of the reduction is accounted for by the fact that from June onwards the number of cases referred for injection therapy was practically nil. Despite the reduction in the number of cases, the number of visits increased, 87,431 compared with 85,208.

ARTIFICIAL IMMUNITY

Diphtheria Immunisation

Diphtheria immunisation was undertaken at the clinics and during school sessions. In the previous year a vehicle had been used to take immunisation facilities to the homes of children, particularly in the new housing estates, where proper clinic facilities had not been developed. There was no demand for a similar service in 1954.

The number of children immunised during the year, 2,061 was slightly less than the preceding year, 2,197, but there was a big increase in the number of children who had booster doses, 3,055, as compared with 1,552 in 1953.

The immunity index for diphtheria immunisation is still disturbingly low particularly in respect of infants under one year of age. For this group it is only 3.03 and for the age group 1-4 years 52.48.

The Ministry suggest that an index of 75 is desirable, therefore we have much leeway to make up in Swansea. Various publicity methods have been tried to influence parents in this matter, but there has been little success.

Although there has been no case of diphtheria in Swansea for the last six years, it cannot be guaranteed that diphtheria will never return to the town. There is no doubt that we are now enjoying the results of the hard work put into this service when it was first introduced, but I would be seriously lacking in my duty as the Medical Officer of Health of this town if I did not inform the parents of this generation that the slacking off in the number of children being immunised may have the most serious consequences.

The following table shows the number of children immunized during the year, as well as the number of children who received a reinforcing injection.

	Age at date of final injection							
	Under 1	1	2	3	4	5 to 9	10 to 14	TOTAL
No. of children who completed a full course of primary immunisation in the area (including temporary residents)								
1. During the 6 months ended June 30th 2. During the 6 months ended December 31st.	275 282	256 199	32 40	26 23	54 36	390 367	38 43	1,071 990
TOTAL FOR YEAR ...	557	455	72	49	90	757	81	2,061
No. of children who received a secondary (reinforcing) injection i.e. subsequently to primary immunisation at an earlier age.								
1. During the 6 months ended June 30th 2. During the 6 months ended December 31st.	- -	- -	- -	- -	6 2	1,549 497	708 293	2,263 792
TOTAL FOR YEAR ...	-	-	-	-	8	2,046	1,001	3,055

Immunisation in relation to child population

Number of children at 31st December, 1954, who had complated a course of Immunisation at any time before that date (if at any time since 1st January, 1940).

Age at 31.12.54. i.e. Born in Year.	Under 1 1954	1 - 4 1953 - 1950	5 - 9 1949 - 1945	10 - 14 1944 - 1940	Under 15 TOTAL
Last complete course of injections (whether primary or booster) A. 1950 - 1954	71	5,070	8,487	5,529	19,157
B. 1949 or earlier	-	-	2,534	5,588	8,122
C. Estimated mid-year population	2,340	9,660	23,300		35,300
Immunity Index 100 A/C	3.03	52.48	60.15		54.27

Smallpox Vaccination

The following return shows the number of people vaccinated during the year.

Number of persons vaccinated (or re-vaccinated) during period

Age at date of Vaccination.	Under 1	1	2 to 4	5 to 14	15 & over	Total
Number vaccinated	568	37	40	23	6	674
" re-vaccinated.	-	-	-	-	2	2

It is gratifying to be able to report still further progress regarding the number of children under one year who were vaccinated against smallpox. By 1953, 350 infants were vaccinated and this number increased to 568 during 1954. Much credit for this increase is due to the good educational work under-taken by the health visitors.

A register is kept of all personnel employed in the department who are exposed to special risk and arrangements are made for them to be vaccinated every three years.

AMBULANCE SERVICE

At the beginning of the year our complement of vehicles was nine ambulances and four sitting case cars. The permitted number in the Ministry's approved scheme is 8 - 10 ambulances and 2 - 4 sitting case cars.

In view, however, of the number of patients being carried, the Ministry agreed, that provided our total complement of vehicles was not exceeded, there would be no objection to the purchase of a further sitting case vehicle. Accordingly, a new sitting case vehicle was acquired and put into service in November, 1954.

Statement of Work during the year.

	1954.	Increase over 1953.
No. of patients carried	54,932	5,833
" " journeys operated	18,760	384
" " miles run	262,683	7,582
Average miles per patient	4.7	-0.5

The greater proportion of patients being carried are out-patients to the local hospitals. There were several instances during the year when at the peak-hours i.e. between 8.30 a.m. and 5.30 p.m. it would seem that the service would break down, but with the co-operation and abundant good-will of all concerned, (and this includes the patient) we were able to pull through. A glance at the figures shown above will show that more patients have again been carried, more journeys operated and more mileage run. It will also be noticed that there was a reduction in the number of miles each patient was carried.

PREVENTION, CARE AND AFTER CARE

Tuberculosis

The following report has been submitted by the Chest Consultant, Dr. T.W. Davies. It relates to the work undertaken at the Swansea Chest Clinic. It should be noted that the area dealt with by the Swansea Chest Clinic is not co-terminous with that of this local health authority, but also includes the Urban District of Llwchwr and the Pontardawe and Gower Rural Districts.

The Swansea Chest Clinic serves a population of 230,000 within the catchment area of the Glantawe Hospital Management Committee. The clinic, as a building, leaves much to be desired and is quite inadequate to deal with the number of out-patient attendances which have increased from 13,080 in 1948 to 19,889 in 1954. The number of new cases seen also shows an increase from 4,000 in 1948 to 4,840 in 1954. The latter figure represents a decrease as compared with the number of new cases seen in 1953 which totalled 6,134. The year 1954 is the first full year during which the static unit has operated and the transference of such routine examinations as those of hospital nurses, patients attending the ante-natal clinics, local authority patients, etc., has had the effect of reducing the number of new cases when compared with the previous year. Analysis of the clinical material shows that the vast majority of cases are non-tuberculous, although tuberculosis presents a problem.

Tuberculosis

Notification of tuberculosis in all forms remained fairly constant from 1948 to 1953, the respective figures being 277 and 244. There was a drop in 1954 to 192. This is a welcome sign, but should not be viewed with excessive optimism. The number of active primary pulmonary infections diagnosed has remained around 50 in each year, while in spite of all efforts on the part of the clinic staff, health visitors, etc., the infecting source is often undetected. In spite of improved facilities such as mass radiography, static unit, etc., the number of patients diagnosed with minimal lesions has not increased.

(1948 17 per hundred notified cases of R.T.)
(1954 15 per hundred notified cases of R.T.)

Treatment has altered. The use of streptomycin, P.A.S. and I.N.A.H. has enabled resection of the diseased tissues to be undertaken more often with good results. Collapse therapy by primary thoracoplasty is infrequently done and an artificial pneumothorax has not been induced over the past three years. The number of deaths has fallen from 123 in 1948 to 49 in 1954, but it should be stressed that the chronic carrier of the tubercle bacillus is now living longer than previously. Therefore, the danger of increased propagation of the disease is real. In consequence of this B.C.G. vaccination is undertaken, the figures for 1954 being - Infants, 192: Children, 193: Adults, 52: showing an increase of 100 compared with the previous year. It is gratifying to know that general practitioners do not prescribe antibiotics and chemotherapy without clinic control, as the emergence of resistant strains in these chronic carriers would lead to a vast public health problem.

Pulmonary Neoplasm

Between 35 and 40 cases a year are seen and contrary to expectation there has been no increase since 1948. These figures, of course, apply to cases seen and diagnosed at the clinic for the first time. All have been confirmed by admission to hospital and surgery has been done on suitable cases. Unfortunately the percentage of operable cases is very low.

Static Unit.

This unit was opened in October, 1953, and is the only one of its kind in the country. There are separate sessions for general practitioner cases and for members of the general public. Patients from the ante-natal clinics are all examined within the first three months of pregnancy. A number of cases of active tuberculosis has been found among these patients. Routine X-ray of school leaving children as part of the B.C.G. vaccination scheme of Mantoux negative reactors is undertaken. Similarly National Service recruits from the whole of West Wales are examined. The unit also deals with routine examination of nurses at Swansea, Hill House and Mount Pleasant hospitals. The undertaking of this work by the clinic has relieved pressure in the radiological department of Swansea Hospital.

20,077 X-ray examinations were done in 1954 and 1,454 patients were recalled for detailed investigation. The majority of these were seen at the Swansea Clinic. It speaks highly of general practitioner co-operation with the clinic to report that only 15 of those recalled failed to attend for further examination.

75 cases of confirmed respiratory tuberculosis were seen, 28 from cases referred by general practitioners, 34 from the general population, 9 from National Service recruits and 4 from ante-natal clinics.

19 cases of pulmonary neoplasm were detected. Six of these were symptomless and were amongst the general population.

The unit serves an area wider than that covered by Glantawe Hospital Management Committee. It decreased the work of the chest clinic in 1954 but the recent trend has been towards a return to the high level of 1953 without any diminution in the volume of work undertaken by the unit.

Problems

Clinical and administrative problems are intermingled. The treatment of tuberculosis needs new anti biotics, particularly of the bactericidal variety, as a variant to those commonly in use. This is necessary for the reason that frequently with prolonged and repeated therapy the development of resistant strains of tubercle bacilli occurs fairly frequently.

The waiting list for admission to hospital at the end of December 1954, was 42, a decrease of 46 as compared with December 1953. At present the waiting list of males and females is small. Facilities for thoracic surgery for male adult cases are, on the whole, satisfactory. The waiting period has now been reduced to the region of 2 - 3 months. There are, however, insufficient surgical beds to deal with the female surgical waiting list and these patients have to wait 12 - 18 months for operation.

The treatment of chronic bronchitis, emphysema, bronchiectasis, asthma and silicosis needs a great deal of attention and research, while detection of carcinoma of the lung at the operable stage remains a major challenge.

Domiciliary Treatment

189 patients were treated at home by the district nurses acting under the supervision of the Chest Physician and family doctor. 10,264 visits were made to these patients. The number of patients attended and number of visits made were much the same as the previous year.

Health Visiting

The arrangements were the same as for previous years, but during the year under review a further intensive effort was made to trace contacts and to ensure that they were seen at the Chest Clinic. The health visitors also met the Chest Physician once each quarter to discuss with him the cases on their registers. 3616 visits were made during the year.

Rehousing

In accordance with the Council's Scheme, 35 families were rehoused on priority grounds after consultation with the Chest Physician.

B.C.G. Vaccination.

(a) Contacts

B.C.G. vaccination of contacts is undertaken by the Chest Physician in accordance with Circular 72/49 (Wales). However, during the course of the year it became evident that a renewed effort was required if we were to ensure that all contacts were to be examined by the Chest Physician. He also stated that he was not always aware that a tuberculous expectant mother had been admitted to a maternity hospital. In view of this the whole question of the B.C.G. vaccination of the newly born was looked at afresh and after discussion with the Chest Physician the following instructions were sent to all members and the staff concerned.

B.C.G. Vaccination of newly born infants who are in contact with Tuberculosis

After discussion with the Chest Physician and in co-operation with the Secretary of the Glantawe Hospital Management Committee the following scheme is being introduced forthwith with a view to tightening up the procedure regarding the B.C.G. vaccination of newly born infants who are in contact with tuberculosis. The scheme is under two headings, viz:- domiciliary and institutional confinements.

A. Domiciliary Confinements.

1. When a midwife is booked for a case, she will complete the appropriate part of the form attached, and forward it to the Lay Supervisor of Midwives who will arrange for it to be sent to the Superintendent Health Visitor.

2. The Superintendent Health Visitor will forward it to the District Health Visitor, who will complete the section "History of Tuberculosis" relating either to the family of the expectant mother or any other person at the address at which she is living. If there is no history of tuberculosis it should be completed accordingly. The form will then be returned to the Superintendent Health Visitor, who will forward it to the Lay Supervisor of Midwives for transmission to the midwife concerned.

3. If there is any change of address before confinement, a second form should be filled in by the midwife, and the procedure outlined above instituted,

Note:-

The effect of this procedure is to ensure that the midwife is made fully aware of the tuberculosis history (if any) at any address where she may be called in to confine an expectant mother, and which may have been with-held from her by the family for various reasons.

4. Emergency Bookings:-
   (i) Where patient has neither booked midwife nor hospital.

   In this instance, the midwife will 'phone the Lay Supervisor of Midwives who will, in turn, contact the Superintendent Health Visitor by 'phone for information regarding the patient or any other person at the address. This should be confirmed at a later stage by completion of the appropriate form.

4. (ii) Where patient has booked for hospital but is delivered at home.

A case may arise where the patient, although booked for hospital is delivered at home and may then decide to remain at home. (For investigation of hospital booked cases see Part B which follows). In such a case, the midwife will 'phone the Lay Supervisor of Midwives, who after ascertaining from the midwife the name, address and hospital for which the patient is booked, will be able to refer to the list of hospital bookings at Eaton House Clinic.

5. In a case where there is a history of tuberculosis, the midwife will immediately inform the Lay Supervisor that the child has been born.

6. As soon as possible after this information is received by the Lay Supervisor of Midwives and during usual office hours, she will notify Dr. T.W. Davies the Chest Physician, so that he can consider the case.

7. The decision made by the Chest Physician, will be conveyed to me by the Lay Supervisor of Midwives. In this manner:-

(i) the appropriate records may be completed, or
(ii) if it has been decided to postpone B.C.G. arrangements will be made for a health visitor to follow up at the appropriate time.

B. Institutional Confinements.

1. On each occasion that the Booking Book is completed in respect of applicants for admission to a maternity hospital, the health visitor in charge of the clinic which the applicant attends, will enter on the book her observations regarding any tuberculosis history in the family etc.

2. This information will be transferred to the admission list in each instance by the Senior Assistant Medical Officer who will then arrange for it to be forwarded to the Secretary of the Glantawe Hospital Management Committee as hitherto.

3. Arrangements have been made with the Secretary of the Glantawe Hospital Management Committee to include any notes referring to the tuberculous condition of a patient or member of patient's family in the remarks column of the lists of admissions that are forwarded to the maternity hospitals each month. It is understood that each hospital receives a complete list of bookings. Therefore, if a patient is not admitted to the hospital for which she is booked, the receiving hospital is nevertheless aware of the tuberculosis history.

4. When such a patient is admitted to a maternity hospital it will be necessary for a member of the staff of that hospital to contact the Chest Physician during the usual office hours, advising him of the admission, so that he can give consideration to the case. If, however, the patient is admitted outside usual office hours, or the confinement takes place before the Chest Physician has been contacted, it is suggested that the infant should be segregated where the case history indicates such action is desirable.

5. As most discharges from maternity hospitals are made on or about the 10th day after confinement, it will be appreciated if the hospitals concerned will inform the Lay Supervisor of Midwives at Eaton House Clinic whether B.C.G. vaccination has been given. This information can then be forwarded to me, so that arrangements can be made for "following up" by health visitors in appropriate cases.

During the year a total of 293 contacts were vaccinated with B.C.G.

(b) School Children

Circular 27/53 (Wales) stated that the Ministry was prepared to approve the extension of B.C.G. vaccination arrangements so that authorities may offer such vaccination to school children during and, if possible, towards the end of the year preceding their fourteenth birthday.

When this circular was received, we had already instituted a scheme whereby all school leavers were x-rayed and skin tested at the Static Mass Radiography Unit, provided parental consent was received. A programme had already been planned in co-operation with the Director of Education to cover the academic year ending in July 1954 andit was therefore decided to proceed with this programme and to introduce the B.C.G. Scheme from the academic year beginning September 1954. Meanwhile a scheme for the B.C.G. vaccination programme would be worked out and submitted to the Ministry for approval. The approved scheme is as follows.

INTRODUCTION

A. Services provided prior to the issue of Circular 22/53 (Wales)

1. B.C.G. Vaccination

B.C.G. Vaccination of persons who are known to have been in contact with tuberculous infection was undertaken, subject to the necessary preliminary tests, by the Chest Physician in accordance with the scheme approved by the Welsh Board of Health on the 2nd September 1952.

2. Measures taken for tracing contacts.

When a case of tuberculosis is notified to the Medical Officer of Health, the District Health Visitor makes a home visit and submits to the Medical Officer of Health and Chest Physician 'inter alia' a list of the contacts. The Health Visitor advises all contacts to report to the Chest Physician for examination. The Chest Physician also writes to the family offering them an appointment. A repeat visit is made by the Health Visitor to ascertain if the contacts have been to the Chest Clinic. If in the opinion of the Chest Physician the contacts are overdue for their examination he reports to the Medical Officer of Health who then instructs the Health Visitor to try further persuasion. As an additional measure of persuading the contacts to attend the Chest Clinic, the family doctor is asked to use his influence, where necessary.

B. Development of Skin Testing.

1. Age Groups

After the establishment of the static Miniature Mass Radiography Unit in October 1953 a letter was addressed to the parents or guardians of pupils over 14 years of age attending the county schools, describing the facilities available (radiological and mantoux testing) and urging their acceptance.

2. Arrangements for X-ray and skin test.

In co-operation with the Mass Radiography Service of the Regional Hospital Board, a morning session has been reserved for the X-ray and mantoux testing of these pupils where parental consent has been obtained.

3. Transport

Transport arrangements, where necessary, for the conveyance of the children to and from the Miniature Mass Radiography Unit are made by the Local Education Authority.

4. Staff

(i) Medical. A medical practitioner on the staff of the Chest Physician undertakes the routine mantoux testing assisted by a medical practitioner of the local health and/or local education authority. This arrangement is subject to review in the near future, when it is contemplated that it will be done entirely by the medical practitioners of the local health and/or local education authority.

(ii) Nursing. Nursing staff is provided by the local health and/or local education authority.

(iii) Other. The staff of the Welsh Regional Hospital Board's Miniature Mass Radiography Unit's radiographers, clerks etc., assist in X-raying and recording. A local health authority's clerk assists with the mantoux records.

5. Recording results of Mantoux tests.

The results of the mantoux tests are read at the school by the medical practitions 48 hours after the test, and the appropriate entires made on the record cards.

6. Recording results of X-rays.

After the results of the mantoux test have been recorded, the cards are returned to the Miniature Mass Radiography Unit. The X-ray films are read by a medical practitioner on the staff of the Chest Physician in conjunction with the recorded results of the mantoux test. Both results are entered on the same card.

7. Informing parents of results.

The result of the examination is conveyed to the parents by the Miniature Mass Radiography Unit.

8. Records

Arrangements have been made for a complete set of records to be available to:-

(i) the Miniature Mass Radiography Unit.

(ii) the Chest Physician.

(iii) the local health and school health service. The results are incorporated in each pupil's school medical inspection records.

9. Observation Cases

Cases requiring observation are recalled by the Chest Physician for further tests. Where pupils are to remain under observation, the family doctor is informed of the developments by the Chest Physician. The Medical Officer of Health is also informed in each instance.

10. Diagnosed tuberculous pupils.

These pupils will immediately come under the care of the Chest Physician and family doctor. The health visitor will be employed in tracing all contacts - family and otherwise - with a view to persuading them to make use of the preventive and diagnostic services available. The district nurse will assist in the nursing of the patient at home, when necessary.

11. Diagnosed other abnormalities.

Where abnormalities other than tuberculosis are discovered, the Chest Physician will notify the Principal School Medical Officer and the family doctor. The Principal School Medical Officer will communicate with the family doctor asking him if he wishes to make his own arrangements for the treatment of the pupil or suggesting, if he so desires, that treatment will be arranged by the School Health Service in accordance with the agreed present practice.

12. B.C.G. Vaccination

Where the Chest Physician considers it advisable and parental consent is obtained, B.C.G. Vaccination is undertaken,

13. Following-up.

(i) The pupils in this age group will be offered facilities for X-ray at yearly intervals whilst at school, under arrangements made in conjunction with the Director of Education.

(ii) Those who have left school will receive an annual reminder from the Miniature Mass Radiography Unit suggesting that they should re-visit the Unit for a further X-ray examination.

B.C.G. Vaccination of School Children (Circular 22/53 (Wales).)

C. Extension of present scheme

1. In co-operation with the Director of Education, a letter will be given to all pupils of county schools in the age group 13-14 which they will be asked to take home to the parent or guardian. This letter will contain an appropriate explanation of the purpose and procedure of B.C.G. vaccination. A "tear-off" slip will be placed at the bottom of the letter in which the parent or guardian will be invited to give consent, or otherwise, to B.C.G. vaccination, should this be considered necessary. Arrangements will be made for all these "consent forms" to be returned to the Health Department where they will be scrutinised. In those cases where consent has not been forth-coming, arrangements will be made for a health visitor to seek a home interview with the parent or guardian with a view to eliminating prejudice, fear or misunderstanding.

2. General practitioners in the area will be informed that a B.C.G. vaccination programme of pupils in the 13-14 age group is proceeding.

3. Teachers will be kept acquainted of the purpose and procedure of vaccination by the medical practitioners and health visitors of the local health and/or local education authority. The pupils will also be given a friendly "chat" by the doctor before the mantoux testing and B.C.G. vaccination is undertaken.

4. Lectures will also be given to parents and teachers by members of the staff of the local health authority at meetings of Parent-Teacher Associations.

5. It is proposed that all the skin tests and B.C.G. vaccination will be undertaken on the school premises. X-ray, where necessary (positive mantoux cases) will take place at the static Miniature Mass Radiography Unit. It is contemplated that the programme will be as follows:-

MONDAY - Skin testing.

WEDNESDAY - Reading test and B.C.G. vaccination where necessary.

FRIDAY - X-ray positive mantoux cases at the Miniature Mass Radiography Unit.

and after the elapse of six weeks

TUESDAY - Conversion test.

THURSDAY - Reading conversion test.

6. Transport arrangements to the Miniature Mass Radiography Unit, when necessary, will be made by the local education authority.

7. Staff

(i) Medical Staff

(a) Skin testing. It is contemplated that by the time the authority is prepared to proceed with this scheme a sufficient number, if not all of the medical practitioners on the staff of the local health and/or local education authority will have been trained in the necessary technique.

(b) B.C.G. Vaccination. Arrangements will be made for medical practitioners in the employ of the local health and/or local education authority to receive the necessary training at the B.C.G. Vaccination Education Centre, "Preswylfa", Clive Road, Cardiff. When the Medical Officer of Health is satisfied that any or all of the medical practitioners have adequate knowledge and experience of B.C.G. vaccination technique, application will be made to the Ministry for approval to include their names on the list of those approved to receive B.C.G. through the Medical Officer of Health. A recommendation will be made to the authority that they are medical practitioners sufficiently experienced to be designated medical practitioners for the purpose of B.C.G. vaccination.

(ii) Nursing Staff. Nursing staff will be provided by the local health and/or local education authority.

(iii) Other Staff. A member of the staff of the Health Department will be responsible for the mantoux and B.C.G. records. The staff of the Welsh Regional Hospital Board Miniature Mass Radiography Unit will also assist when necessary.

8. Results

Results of the mantoux testing and B.C.G. vaccination will be recorded on the approved cards.

9. Informing parents of results.

Arrangements will be made for the parents or guardians of the pupils to be informed of the results of the tests.

10. Records

Arrangements will be made for the Chest Physician and Medical Officer of Health to receive individual records, which will also incorporate the results of the X-ray, where this has been undertaken. The results will also be incorporated in the pupil's school medical inspection records.

11. Observation Cases

Cases requiring observation will be recalled by the Chest Physician for further tests.. Where pupils are to remain under observation, the family doctor will be informed of the development by the Chest Physician. The Medical Officer of Health will also be informed in each instance.

12. Diagnosed tuberculous pupils.

These pupils will immediately come under the care of the Chest Physician and family doctor. The health visitors will be employed in tracing all contacts - family and otherwise - with a view to persuading them to make use of the preventive and diagnostic services available. The district nurse will assist in the nursing of the patient at home when necessary.

13. Diagnosed other abnormalities.

Where abnormalities other than tuberculosis are discovered, the Chest Physician will notify the Principal School Medical Officer and the family doctor. The Principal School Medical Officer will communicate with the family doctor asking him if he wishes to make his own arrangements for the treatment of the pupil or suggesting, if he so desires, that treatment will be arranged by the School Health Service in accordance with the agreed present practice.

14. Following-up.

(i) The pupils in this age group will be offered facilities for X-ray at yearly intervals whilst at school, under arrangements made in conjunction with the Director of Education.

(ii) Those pupils who will have left school will receive an annual reminder from the Miniature Mass Radiography Unit suggesting that they should re-visit the Unit for a further X-ray examination.

15. Future Development

(a) After experience of this scheme is gained, an opportunity will be given for pupils attending the voluntary schools in this area to receive the same treatment, provided parental consent is obtained and the co-operation of the governors of the schools is forthcoming.

(b) As suggested by the Ministry from time to time.

D. Areas to be covered

The facilities will be offered to all pupils in the prescribed age group attending county schools in the area of the local health authority.

E. Measures already taken and to be continued for the tracing and vaccination of contacts.

There will be no change from the present method for which see Paragraph 2 Section A, page 38, but which is reprinted here for easy reference:-

> "When a case of tuberculosis is notified to the Medical Officer of Health, the District Health Visitor makes a home visit and submits to the Medical Officer of Health and Chest Physician 'inter alia' a list of the contacts. The Health Visitor advises all contacts to report to the Chest Physician for examination. The Chest Physician also writes to the family offering them an appointment. A repeat visit is made by the Health Visitor to ascertain if the contacts have been to the Chest Clinic. If in the opinion of the Chest Physician the Contacts are overdue for their examination he reports to the Medical Officer of Health who then instructs the Health Visitor to try further persuasion. As an additional measure of persuading the contacts to attend the Chest Clinic, the family doctor is asked to use his influence where necessary".

Suitable modifications will be made from time to time, as experience indicates, to ensure that there is a continued improvement in the method of tracing and vaccination of contacts. The aim of the authority is to ensure that each contact, family or otherwise, accepts the facilities available for medical, radiological and bacteriological examination.

In the original scheme worked by the authority, the mantoux testing of school leavers was done at the Static Unit by one of the chest physicians and the deputy medical officer of health and two male assistants attended regularly for observation and instruction. Subsequently all three were approved to undertake B.C.G. vaccination and mantoux tests and they have been undertaking this work from the latter part of 1954.

During 1954, 3,218 pupils were examined at the Static Unit, 96 of whom were found abnormal. Particulars of the abnormalities are shown in the section of the report following dealing with the activities of the Static Unit. Of the 96 abnormal cases, 2 were confirmed as pulmonary tuberculosis and appropriate arrangements were made to screen the pupils with whom they had been in contact.

The B.C.G. programme for children in the 13-14 year age group was started on the 13th December 1954, and information regarding the number of pupils examined etc., will be given in my report for 1955.

Static Mass Radiography Unit.

This Unit was opened in October 1953 and during the year under review great use was made of this invaluable facility.

The following tables analyse the work undertaken at the Unit and have been supplied by the Regional Hospital Board.

Analysis of Examinations carried out by the Static Mass Radiography Unit at Swansea during the period 1st January – 31st December, 1954.

Persons examined by age and sex

Age Group	Males	Females	Total Persons	
			Number	Percentage
Under 15	1030	916	1946	9%
15 – 24	5385	4183	9568	48%
25 – 34	1476	2312	3788	19%
35 – 44	879	1139	2018	10%
45 – 59	1036	1040	2076	11%
60 and over	406	275	681	3%
TOTALS ...	10212	9865	20077	100%
Found normal: No. Per Cent.	 9307 91%	 9316 94%	 18623 93%	
Found abnormal: No. Per Cent.	 905 9%	 549 6%	 1454 7%	

Analysis of Examinations carried out by the Static Mass Radiography Unit at Swansea during the period 1st January - 31st December, 1954.

	Total Examined (1)			Total Number found to be abnormal							Total Abnormalities (Col. 2 & 3)	
				Diagnosed at Chest Clinic (2)			Diagnosed by M.R.Unit. (3)					
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Gen. Pop. Volunteers	7368	3365	4003	122	76	46	391	248	143	513	324	189
G.P. Referrals	2457	1222	1235	97	59	38	452	289	163	549	348	201
Nat.Service Recruits	3169	3169		38	38		63	63		101	101	
A.N. Clinic Examinees	1775		1775	11		11	31		31	42		42
Civil Servants & L.G.O's	723	271	452	12	8	4	54	28	26	66	36	30
School Leavers	3218	1698	1520	17	14	3	79	39	40	96	53	43
Teaching Staff	299	159	140	8	7	1	13	7	6	21	14	7
Students	727	258	469	6	3	3	27	12	15	33	15	18
Misc. Factory Groups	298	70	228	5	1	4	28	13	15	33	14	19
Hospital Staff	43		43									
TOTAL	20077	10212	9865	316	206	110	1138	699	439	1454	905	549

Analysis of Examinations carried out by the Static Mass Radiography Unit at Swansea during the period 1st January - 31st December, 1954.

	Total Examined			DISEASE CLASSIFICATION OF ABNORMAL CASES																																											
	Total	Male	Female	Confirmed Pulmonary Tuberculosis		Requiring further Observation		Pleural Effusion		Healed Post Primary P. T.		Healed Primary P. T.		Intrathoracic New Growth		Cardio Vascular Lesion - Congenital		Cardio Vascular Lesion - Acquired		Bony Abnormality		Chronic Bronchitis and Emphysema		Lobar Pneumonia		Bronchopneumonia		Bronchiectasis		Pulmonary Fibrosis		Basal Fibrosis		Pleural Thickening		Pneumoconiosis		Spontaneous Pneumothorax		Abscess of Lung		Miscellaneous		Cases awaiting final diagnosis		Did not attend for further investigation.	
				M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Gen. Pop. Volunteers	7368	3365	4003	20	14	3	6	3	-	31	40	19	20	5	1	-	1	22	31	6	16	70	17	7	-	9	10	10	5	1	-	11	13	9	4	78	-	-	-	-	1	14	8	5	-	1	2
G. P. Referrals	2457	1222	1235	9	12	5	3	-	-	20	16	11	19	9	-	-	-	31	29	10	21	136	51	8	3	28	17	16	6	2	4	16	6	4	4	28	-	1	1	-	1	6	2	7	5	1	1
N. S. Recruits	3169	3169	-	9	-	2	-	-	-	11	-	14	-	1	-	-	-	3	-	10	-	7	-	1	-	1	-	9	-	-	-	10	-	3	-	-	-	-	-	-	-	5	-	6	-	9	-
A. N. Clinic Examinees	1775	-	1775	-	4	-	-	-	-	-	9	-	9	-	-	-	2	-	2	-	5	-	2	-	-	-	1	-	2	-	-	-	2	-	1	-	-	-	-	-	-	-	1	-	2	-	-
Civil Servants & L. G. O's.	723	271	452	2	-	-	-	-	-	6	6	2	9	2	-	-	-	3	3	-	8	5	-	-	-	-	2	3	1	2	-	4	1	3	-	2	-	-	-	-	-	-	-	2	-	-	-
School Leavers	3218	1698	1520	2	-	-	1	-	2	5	2	21	22	-	-	-	-	2	3	8	7	-	-	-	2	4	-	4	1	-	-	2	1	-	-	-	-	-	-	-	-	3	2	1	-	1	-
Teaching Staffs	299	159	140	-	1	1	-	-	-	2	2	1	1	-	-	-	-	1	2	-	1	1	-	-	-	-	-	1	-	-	-	2	-	-	-	-	-	-	-	-	-	3	-	2	-	-	-
Students	727	258	469	1	-	-	-	-	-	2	1	4	7	1	-	-	-	-	-	3	6	1	-	-	-	1	-	-	2	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	2	-	-
Misc. Factory Groups	298	70	228	-	1	-	1	-	-	4	4	2	5	-	-	-	-	-	1	-	1	2	-	1	-	-	-	-	-	-	-	1	4	1	-	1	-	-	-	-	-	1	-	1	2	-	-
Hospital Staff	43	-	43	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	20077	10212	9865	43	32	11	11	3	2	81	80	74	92	18	1	-	3	62	71	37	65	222	70	17	5	43	30	43	17	5	4	47	27	20	9	110	-	1	1	-	2	32	13	24	11	12	3

Analysis in Age Groups of Cases Classified as Confirmed Pulmonary Tuberculosis.

Age Group	Total	Male	Female
Under 15	1	1	-
15 - 24	29	18	11
25 - 34	21	8	13
35 - 44	8	5	3
45 - 59	14	10	4
60 & over	2	1	1
	75	43	32

Analysis in Age Groups of Cases Classified as Intrathoracic New Growth.

Age Group	Total	Male	Female
Under 15			
15 - 24	1	1	
25 - 34	1	1	
34 - 44	1		1
45 - 59	11	11	
60 & over	5	5	
	19	18	1

NOTE:- Two of these cases have been diagnosed as Hodgkinsons Disease which at the time were classified as "Intrathoracic New Growth" as directed by the Ministry. The cases concerned are the male in each of the 15 - 24 and 25 - 34 age groups. One was a National Service Recruit, the other a Student.

The Chest Physician states as follows:-

"The classification of abnormal cases reveals a variety of diagnoses made but the significant figures concern the number of cases of active respiratory tuberculosis and of intra thoracic new growths discovered.

In respect of respiratory tuberculosis the figure of 77 confined cases exceeds the number per thousand by routine methods while the 22 cases discovered amongst persons referred by general practitioners, 9 per thousand examined, is three times as great as those discovered amongst the general population by mobile units.

Of the 19 cases of intra-thoracic new growths discovered, you will note that seven were diagnosed in general population examinees attending without previously consulting their own doctors. All 19 cases were later confirmed after investigation at the Chest Clinic and where possible were admitted to the Thoracic Unit at Morriston Hospital. These important findings far exceed the members of pulmonary new growths discovered by the mobile units.

The other abnormal conditions discovered compared with the usual findings of Mass Miniature Radiography Units.

The co-operation of general practitioners is gratifying and this is emphasised by the extremely small number - only 18, who failed to attend the Chest Clinic for further investigations after reference from the Static Unit to their family doctor. This illustrates the close liaison between the Chest Clinic and family doctor.

A large number are now attending the Unit and it is felt by the Welsh Regional Hospital Board that the provision of the Unit at Swansea has proved worthwhile."

The Council and in particular the Health Committee should be very pleased with the last paragraph of the Chest Consultant's comments, because it was as a direct result of the request of the Council that such a Unit was opened in Swansea. It will be recalled that to make the position as easy as possible for the Board, the Unit was established at one of our clinics which was adapted for the purpose.

Mobile Units

A Mobile Mass Radiography Unit operated in the area in December 1954, and 10 surveys were completed at various establishments. The total number of examinations were as follows:-

Factory personnel	...	2,757
Hospital staff	...	407
		3,164

A detailed analysis of these examinations has been supplied by the Welsh Regional Hospital Board and is reproduced below:-

Persons examined by age and sex.

Age Group	Males	Females	Total Persons	
			Number	Percentage
15 - 24	188	1001	1189	37%
25 - 34	376	489	865	27%
35 - 44	308	278	586	19%
45 - 59	292	173	465	15%
60 and over	53	6	59	2%
Y TOTALS :	1217	1947	3164	100%
Found normal:-				
No.	1097	1863	2960	
Per cent.	90%	96%	94%	
Found abnormal:-				
No.	120	84	204	
Per Cent.	10%	4%	6%	

Analysis of Examinations found to be Abnormal in Age Groups & Sex

Age Group	Total Examined (1)			Total number found to be abnormal						Total Abnormalities (Col. 2 & 3)		
				Diagnosed at Chest Clinic (2)			Diagnosed by M.R.Unit (3)					
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
15 - 24	1189	188	1001	8	2	6	28	4	24	36	6	30
25 - 34	865	376	489	6	3	3	27	14	13	33	17	16
35 - 44	586	308	278	10	5	5	35	21	14	45	26	19
45 - 59	465	292	173				64	46	18	64	46	18
60 and over	59	53	6	2	2	-	24	23	1	26	25	1
	3164	1217	1947	26	12	14	178	108	70	204	120	84

Analysis of Examinations found to be Normal in Age Groups & Sex

Age Group	Total Examined			Total found to be Normal		
	Total	Male	Female	Total	Male	Female
15 - 24	1189	188	1001	1153	182	971
25 - 34	865	376	489	832	359	473
35 - 44	586	308	278	541	282	259
45 - 59	465	292	173	401	246	155
60 and over	59	53	6	33	28	5
	3164	1217	1947	2960	1097	1863

Disease Classification of Examinations found to be Abnormal

Disease Classification	Male	Female	Total
Confirmed Pulmonary Tuberculosis	-	4	4
Healed Post Primary P.T.	14	15	29
Healed Primary P.T.	8	6	14
Intrathoracic New Growth.	1	-	1
Cardiovascular Lesion - acquired	4	6	10
Bony Abnormality	20	30	50
Chronic Bronchitis & Emphysema.	20	3	23
Bronchiectasis	3	5	8
Pulmonary Fibrosis	-	1	1
Basal Fibrosis	4	-	4
Pleural Thickening	15	4	19
Pneumoconiosis	23	-	23
Miscellaneous	3	4	7
Cases Awaiting Final Diagnosis	5	5	10
Failed to Attend for further Investigation.	-	1	1
Totals	120	84	204

Analysis in Age Groups and Sex of cases classified as Confirmed Pulmonary Tuberculosis

Age Group	Male	Female	Total
15 - 24	-	2	2
25 - 34	-	-	-
35 - 44	-	2	2
Totals	-	4	4

Expectant Mothers

All expectant mothers who receive ante-natal care under local health authority arrangements, whether at the ante-natal clinics or with the domiciliary midwives, are invited to attend the Static Unit for x-ray examination.

During the year 1,775 accepted the invitation and of these 42 were found to be abnormal. Information regarding the abnormalities will be found in the tables showing the work undertaken by the Static Unit. It should however be stated that 4 patients were found to be suffering from pulmonary tuberculosis and this enabled the respective authorities to undertake the immediate curative and preventive measures. Consideration of the abnormalities discovered proves the great value of this routine examination for expectant mothers.

New Cases of Tuberculosis notified during the year in accordance with the Public Health (Tuberculosis) Regulations 1952.

	FORMAL NOTIFICATIONS No. of Primary Notifications of new cases of Tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (All Ages)
Pulmonary Tuberculosis:-														
Males ...	-	2	1	1	4	7	17	12	10	14	5	5	1	79
Females ...	-	-	-	1	5	12	11	21	7	4	5	1	-	67
Other forms of Tuberculosis:-														
Males ...	-	-	-	-	1	4	1	1	2	-	1	-	1	11
Females ...	-	1	1	-	-	1	-	3	3	1	1	-	-	11
TOTAL ...	-	3	2	2	10	24	29	37	22	19	12	6	2	168
New Cases coming to the knowledge of the Health Department otherwise than by Formal Notification														
Pulmonary:-														
Males ...	-	-	-	-	-	-	-	-	-	1	3	1	-	5
Females ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-Pulmonary:-														
Males ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Females ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ...	-	-	-	-	-	-	-	-	-	1	3	1	-	5

The source or sources from which the information as to the afore-mentioned cases was obtained is stated below

Source of Information	Number of Cases	
	Respiratory.	Non-Respiratory
Death Returns - from Local Registrars	5	-
Death Returns - Transferable from Registrar General	-	-
Posthumous Notifications	-	-
"Transfers" from other areas (other than Transferable Deaths)	-	-
Other Sources	-	-
TOTAL	5	-

The total number notified was 168, 146 pulmonary and 22 non-pulmonary. The figures for the previous year were 198, 162 and 36 respectively. Of the 146 pulmonary cases notified five came to our knowledge from an examination of the death returns. The cause of death in each case was certified after a post-mortem examination.

ILLNESS GENERALLY.

Orthopaedics.

Treatment for orthopaedics and postural defects is provided at the Authority's Orthopaedic Clinic, Trinity Place. The cases normally dealt with are children who have attained school leaving age and whose treatment, previously started, has not been completed.

No. of special cases seen by doctors	5
No. of re-examination cases seen by doctors	10
No. of Patients treated at hospital	1
No. of new patients attending	5
No. of old patients attending	28

Note: For information regarding the orthopaedic treatment of children under school age, please refer to the part of the report on the services available for the care of infants.

Rehousing

After consideration of representations received from general practitioners, assistant medical officers, health visitors and hospitals, 36 families were recommended to and granted priority rehousing on medical grounds, other than tuberculosis.

This activity of the department is steadily increasing and is likely to increase in the future in view of the difficulties of re-housing. Considerable enquiries have to be made in respect of each case drawn to our attention before a recommendation can be made to the Housing Committee. The number of cases in which a recommendation is made is only a small fraction of the cases investigated under this head.

At the time of writing this report, the Housing Committee have reconsidered the whole problem of granting tenancies on medical grounds and this will be the subject of comment in my next report.

Sick Room Equipment

The arrangements were the same as for previous years. The number of articles issued during the year was as follows:-

Air Rings	...	178
Bed pans	...	186
Bed rests	...	111
Mackintosh sheets	...	205
Urinals	...	66
Wheel Chairs	...	15
		761

General

Particulars of patients discharged from the local hospitals are forward to the department for appropriate action to be taken when necessary.

Two Health Visitors also attend ward rounds, consultations and out-patient to provide information to the hospital medical staff regarding the family history and home conditions.

This aspect of our work is not developing as rapidly as would be desirable in view of the shortage of health visitors, but reconsideration of the problem is now in hand with a view to finding a solution which will enable the health visitor to devote more time to this service.

DOMESTIC HELP

The arrangements are the same as those outlined in my report for 1952.

The number of cases provided with Domestic Help during the year is shown below:-

Maternity (including expectant mothers)	45
Tuberculosis	6
Chronic sick, including aged and infirm	314
Others	69
Total	434

At the end of the year, 17 helps were employed full-time and 38 part-time equivalent to 40 full-time. The increase in the number of staff made it possible for far more cases to be provided with help, 434 compared with 414 during the previous year.

Approximately 75% of the cases receiving domestic help are chronic sick including the aged and infirm. Many of these cases are in continual need of help and they remain on our register for years. The demand for the service is continually increasing and many applications for assistance have to be refused. In order that as many cases as possible are serviced most of the helps assist between four and seven cases per week. This makes the administration of the service more complicated and the helps have to spend a fair amount of time in travelling. It would seem that the only solution to the problem is the employment of more helps but this would make the cost of the service prohibitive. There is ample evidence that the service is very much appreciated and letters of thanks are received at regular intervals.

HEALTH EDUCATION

Lectures and group teaching are continued at every ante-natal and infant welfare clinic. During the year under review an experiment with film topics was made at one clinic. This was an unqualified success and arrangements are being made for further films to be shown next year.

Posters of different types are displayed in the Clinic premises and pamphlets of the Central Council for Health Education are issued free of charge. During the year a booklet entitled "Safety in the Home" was published and 4,000 copies were distributed. This booklet was well received.

Professional and lay members of the staff have again given many talks to various organisations and there is always a demand for their services.

Health education within the family group itself is undertaken by those members of the staff who are regularly in touch with the families in their own surroundings, e.g. health visitors, district nurses, sanitary inspectors, midwives.

Facilities are afforded the social science students attending the University College of Swansea to visit our clinics and other premises for observation visits.

MENTAL HEALTH

Administration.

All matters concerning mental health are considered by the Health Committee. Subjects requiring detailed consideration are referred to the Standing Sub-Committee.

Staff

Deputy Medical Officer of Health - part-time.
2 Assistant Medical Officers - part-time
1 Mental Health Supervising & Duly Authorised Officer.
3 Duly Authorised Officers. - part-time.

Occupation Centre -	1 Supervisor 2 Assistants 1 Cook.
Industrial Centre -	1 Supervisor 1 Assistant.

(The general administration of both centres is supervised by the Mental Health Supervising Officer).

Co-ordination with Regional Hospital Boards and Hospital Management Committees.

The Mental Health Supervising Officer undertakes the supervision of patients on Licence from Institutions for Mental Defectives, and also home visits for reconsideration of Orders and holiday leave etc. The services of a Consultant Psychiatrist are available when required.

Voluntary Organisations

One case under Guardianship supervised upon our behalf by Brighton Guardianship Society.

Training of Workers

Students from the University studying Social Science are permitted to spend a short period in the Mental Health Section to study the general administration of the Mental Deficiency Acts including home visiting - under the instruction of the Mental Health Supervising Officer.

Mental Deficiency Acts

	During 1954				Total Cases on Authority's Registers as at 1.1.55.			
	Under age 16		Aged 16 & over		Under age 16		Aged 16 & over	
	M	F	M	F	M	F	M	F
1. Particulars of cases reported during 1954.								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by -								
(i) Local Education Authorities on children								
(1) While at school or liable to attend school	8	5						
(2) On leaving special Schools	-	-						
(3) On leaving ordinary Schools	1	1						
(ii) Police or by Courts	-	-						
(iii) Other sources	-	-	2	6				
(b) Cases reported but not regarded at 31 Dec. as defectives, "subject to be dealt with" on any ground	-	-						
(c) Cases reported but not confirmed as defectives by 31 Dec. and thus excluded from (a) or (b)	-	-						
Total number of cases reported during the year	9	6	2	6				
2. Disposal of cases								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number								
(i) Placed under Statutory Supervision	9	6	1	6	29	17	97	104
(ii) Placed under Guardianship,	-	-	-	-	-	-	2	-
(iii) Taken to "Places of Safety"	-	-	-	-	-	-	-	-
(iv) Admitted to Hospitals	-	-	1	-	9	2	84	83
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number								
(i) Placed under Voluntary Supervision	-	-	-	-	-	-	12	8
(ii) Action unnecessary	-	-	-	-	-	-	-	-
Total of Item 2	9	6	2	6	38	19	195	195
Grand total					447			

On the 31st December 1954, there were 9 cases (5 female and 4 male) awaiting vacancies in Mental Deficiency Hospitals.

There are 178 cases (93 males and 85 females) in Mental Deficiency Hospitals, including those on License.

Taken off the Register

	Male	Female
Ceased to be under care	2	6
Died, left the district, or lost sight of	11	9
Dealt with under Lunacy Acts	4	3
Total	17	18

Training - Occupation and Industrial Centres.

There are two day training centres for mental defectives. They are:-

(a) Occupation Centre,
Mount Pleasant Baptist Chapel Schoolroom,
Aberdyberthi Street,
Hafod,
Swansea.

(b) Industrial Centre,
St. Catherine's Schoolroom,
Clifton Row,
Swansea.

The Occupation Centre is further sub-divided to provide accommodation for older girls in the form of a Handicraft Centre.

Number receiving training.

At the end of the year the number receiving training was:-

		Male	Female	Total
Under 16 years of age	...	18	11	29
Over 16 years of age	...	35	13	48
Total	...	53	24	77

This number was allocated between the respective centres as under:-

		Male	Female	Total
Occupation Centre	...	17	24	41
Industrial Centre	...	36	-	36

Medical Inspection and Treatment

All persons attending the Centres are medically examined annually and they receive dental treatment and treatment for minor ailments at the clinic. All attending the Occupation Centre are visited periodically for hygiene inspection by the school nurse. Arrangements are in hand for visitation by the Speech Therapist. 18 patients from the Industrial Centre made 61 attendances for minor ailment defects and 5 patients from the Occupation Centre made 27 attendances for a similar reason.

Type of Training undertaken

Occupation Centre - Elementary 3 'Rs' - Sense training - Habit training - Percussion Band - musical games - action songs - clay modelling - elementary handwork - physical training etc., etc.

Handicraft Centre - Cookery - laundry - rug making - embroidery stool making - raffia work, etc., etc.

Industrial Centre - Boot and shoe repairs - cutting and bundling firewood - rug and mat making - basket work - fret work - physical training - organised games, etc., etc.

The scope of training is limited due to the accommodation and staff available, but plans are well ahead for the renovation and extension of the Industrial Centre and the building of a new Occupation Centre.

Provision of meals

The dinners for both Centres are cooked at the Occupation Centre. Many of the girls attending the Handicraft Class assist in preparing the meals under the supervision of the cook. The meals are conveyed to the Industrial Centre in insulated containers. The males and females attending the Centres who are over 16 years of age are provided with free meals. The parents of the children under 16 years are expected to pay for the meals, but allowances are made according to the financial circumstances of each family.

Transport facilities.

Most of the males and adult females attending the respective Centres have been trained to proceed to and from the centre on their own initiative. Bus tokens and vouchers are issued to them for free travel on the buses. The children are conveyed to and from the Centre by transport provided by the department.

Staff.

There was no change in personnel during the year.

Holidays.

The Centres are closed for similar periods as the Primary Schools.

Board of Control (Ministry of Health) Inspector.

An Inspector of the Board of Control visited both the Centres on the 9th November, 1954. The report is in complimentary terms, but attention is drawn to the necessity for extra staff and to the shortcomings of the accommodation.

Pocket Money.

The males and females over 16 years of age, in addition to their midday meal, are provided with weekly pocket money. The sum varies from 2/6d. to 5/-d. as a token for good behaviour, regular attendance and the efficiency displayed in the training and work.

Glamorgan County Cases.

In addition to the numbers of Swansea patients quoted as receiving training in the Centres, there are 13 patients from the Glamorgan County Council area also attending, the cost being borne by the County Council.

Miscellaneous

Arrangements were made during the year for the patients attending both Centres to go on a Summer Picnic, to visit the Christmas Pantomime and have a Christmas Party.

General

Our greatest problem is still the limited number of beds available for urgent cases needing care in Mental Deficiency Hospitals and our waiting list is steadily increasing. This is by far the greatest handicap in mental Health work generally. The cases under Statutory Supervision receive the benefits of care and after-care, if necessary, and those who are suitable are advised re employment through consultations between the Supervising Officer and the Disablement Resettlement Officer. Cases on License are also helped in this way regarding suitable employment. Close co-operation is maintained between departments of the Council by exchange of information and thus avoiding unnecessary overlapping of responsibilities. There is close co-operation also between the Mental Health Department, the National Assistance Board and the Ministry of Labour. Steady progress is being maintained with regard to the training, occupation and general welfare of mental defectives living in the community.

National Assistance Act, 1948.

A report of the Local Authority Service provided under Part III & IV of Act.

Residential Accommodation

Progress in the establishment of Homes for the Aged was continued during the year by the opening of West Cross House, Mumbles, which was opened on the 30th July, 1954, with accommodation available for 56 residents. It was decided that West Cross House should be a mixed home and is the first of its type in Swansea. This Authority continues to use the accommodation available at Mount Pleasant Hospital in Blocks 1, 5 and 10 (a total of 215 beds) but with 5 Homes in use at the beginning of the year and after the opening of a further Home during the year, the average number of residents was only 139. This figure includes men, women and children in temporary accommodation and the average number of residents in need of care and attention was 76.

The following Homes were used continuously throughout the year as residential accommodation:-

Earlsmoor, Bryn Road
Tuxedo, Eaton Crescent - Female
(Ingledene " - Female
(Llanthewy " - Female
(Norton Lodge, Mumbles - Male

Further Home

One further home is planned - St. Margaret's, Eaton Crescent - and adaptation is in an advanced stage with the probable opening date being in the early months of next year. The accommodation available in this new home will be 42 beds and it has been agreed that the home will also be a "mixed" home.

Temporary Accommodation

Temporary Accommodation which this authority has a duty to provide for persons who are urgently in need of such is continued to be provided in Mount Pleasant Hospital. Apart from the fact that Mount Pleasant Hospital is not a satisfactory place for children, the block which is available for the accommodation of women and children was condemned as becoming a dangerous structure. Work has been commenced on the adaptation of Cwmllwyd Hospital, Waunarlwydd, for the purpose of rehabilitating problem families at present accommodated at Mount Pleasant Hospital. It is hoped that next year will see the opening of this hostel and subsequently an appreciable reduction in the number of residents in Mount Pleasant Hospital.

Residential and Temporary Accommodation Statistics

	Male	Female	Children	Total
Mount Pleasant Hospital				
No. of residents on 31.12.53	62	54	27	143
No. of admissions during 1954	119	91	50	260
No. of discharges during 1954	130	91	48	269
No. remaining on 31.12.54.	51	54	29	134

	MALES			FEMALES			Total
	Earlsmoor	Norton Lodge.	West Cross House	Tuxedo	Ingledene & Llanthewy	West Cross House	
No. of residents on 31.12.53	33	22	-	28	51	-	134
No. admitted during 1954	12	16	41	19	24	22	134
No. discharged during 1954	13	16	4	16	23	5	77
No. remaining on 31.12.54	32	22	37	31	52	17	191

RETURN OF PERSONS RESIDENT ON THE NIGHT OF 1st JANUARY, 1955

IN ACCOMMODATION PROVIDED UNDER PART III OF THE NATIONAL ASSISTANT ACT, 1948

TABLE A - RESIDENTIAL ACCOMMODATION

Description of Persons	Persons residing in										No. of persons included in Cols 2 to 6 for whose maintenance other local authorities are responsible.		No. of persons (not included in cols. 2 to 6) accommodated by other local authorities for whose maintenance the council are responsible.	
	Former workhouses													
	Owned by the Council (2)		Vested in the Minister as Hospitals. (3)		Other Premises managed by the Council (4)		Accommodation provided on behalf of the Council by voluntary organisations (5)		Total (Cols 2 to 5) (6)		(7)		(8)	
(1)	M	W	M	W	M	W	M	W	M	W	M	W	M	W
1. Aged														
(a) not materially handicapped by infirmity			19	6	70	52	1	-	90	58	2	-	1	-
(b) Physically or mentally infirm			12	13	9	28	-	-	21	41	-	3	1	-
2. Blind			1	5	8	10	-	2	9	17	-	-	-	-
3. Deaf or Dumb			1	-	-	-	-	-	1	-	-	-	-	1
4. Epileptic			-	-	-	-	-	-	-	-	-	-	-	-
5. Crippled			2	6	-	-	-	-	2	6	-	-	-	-
6. Physically infirm (not being aged)			3	2	1	4	-	1	4	7	-	-	-	-
7. Mentally infirm (not being aged)			3	1	6	4	-	-	9	5	-	3	1	-
Total			41	33	94	98	1	3	136	134	2	6	3	1
8. Children accompanied by persons over 16														
9. Children accommodated under the Children Act 1948.														
(a) under Section 13(2)														
(b) under Section 13(3)														
Total			-		-		-		-		-		-	
GRAND TOTAL	-		74		192		4		270		8		4	

ion on the ons.	Total (cols 2 to 5) (6)		No. of persons included in cols. 2 to 6 for whose maintenance other local authorities are responsible. (7)		No. of persons (not included in cols. 2 to 6) accommodated by other local authorities for whose maintenance the Council are responsible. (8)	
	M	W	M	W	M	W
-	10	21	-	1	-	-
-	-	-	-	-	-	-
-	10	21	-	1	-	-
	29		3		-	
	-		-		-	
	-		-		-	
	-		-		-	
	29		3		-	
	60		4		-	

SABLED PERSONS' HOMES

ASSISTANCE ACT, 1948)

Registrations refused or cancelled during 1954.		Homes on the register on 1st January 1955.	
Number of Homes	Beds	Number of Homes	Beds
-	-	2	30
-	-	1	32
-	-	1	16
-	-	3	78

Arrangement with Other Authorities.

1.	No. of other Local Authorities Cases in Swansea Homes on 31.12.53.	6
	No. of other Local Authorities Cases in Swansea Homes on 31.12.54.	9
2.	No. of cases in other Local Authorities Homes on 31.12.53.	2
	No. of cases in other Local Authorities Homes on 31.12.54.	6

Arrangements with Voluntary Bodies.

2 Residents continued to be accommodated by the Glyn Vivian Homes of Rest for the Blind, and 1 resident by the British Legion. During the year 1 resident was admitted by arrangement with this Authority to the Royal Hospital and Home for Incurables.

Registration of Aged Persons and/or Disabled Persons Homes.

A register of Homes for Aged or Disabled Persons is maintained by the Department and no person may carry on such a Home without being registered.

The Lay Administrative Officer and myself are authorised to inspect these Homes on behalf of this Authority.

One new home was registered on 27.7.54. as a Home for Aged Persons.

The following Homes are registered at present:-

Nazareth House
Glyn Vivian Home
Bloomfield Eventide Home
Lansdowne Home.

Compulsory Removal of Persons in need of Care & Attention.

Several cases arose where compulsory removal under Section 47 of the Act might have been necessary but it was found on most occasions that suitable results were obtained by tact and persuasion. It was however necessary to obtain a Court Order under the powers of the Act to remove three cases to Part III Accommodation, Mount Pleasant Hospital.

1. Miss L.A.H. Age 64 yrs. - 35 E.R.

This old lady lived alone in deplorable conditions. Electricity had been disconnected for non-payment, no food in the house and most of her furniture had been broken for use as firewood. The chimney of her living room was obstructed and smoke made it extremely difficult to remain there for any length of time. The Swansea Fire Brigade had been called on one occasion following reports from persons when smoke was seen in the Ground floor passage. She persistently refused to go into Part III Accommodation and was removed under a Magistrate's Order made under National Assistance (Amendment) Act 1951. This order was in force for three weeks when, after reporting to the Health Committee, an application was made to the Swansea Magistrate's Court on the 18th February, authorising her detention for a further period of three months. No application for a further extension was necessary as this lady agreed to remain in Part III Accommodation.

2. Mrs. J.P. 191 C.R.

In response to a request from the National Assistance Board on the 3rd February 1954, application was made to a Justice of the Peace for an order under the National Assistance (Amendment) Act, 1951, authorising the removal of Mrs. J.P. This old lady aged 86 years was living alone in shocking conditions was desperately ill and in the bitterly cold weather at the time was without fire, food or water.

On 13th February, before the expiration of the Order, however, this old lady passed away.

3. Mr. T.H.A. 127, S.H.R.

Having been called in by his General Practitioner, I was satisfied that he should be removed without delay to a Hospital or Institution. A Magistrates' Order under Section 47 was obtained and he was removed to Part III Accommodation, Mount Pleasant Hospital, subsequently being transferred to the Hospital Section.

Care of Property.

The property of 16 persons admitted to Hospital or Part III Accommodation was taken into care. These were cases where there were no relatives or friends to care for the same. The value of property in cash, bank books etc., amounted to over £1,100.

Burial of the Dead

8 Burials were carried out during the year of persons dying within the area of this Authority where no other person was making the necessary arrangements. Full or part of the cost was recovered in 5 of these cases.

Voluntary Organisations.

The promotion of organisations interested in the welfare of old people has been encouraged during the year by the payment of grants under Section 31 of the National Assistance Act to Old Age Pensioners' Associations, W.V.S. Joan Clubs etc. Grants were made to 39 such organisations during the year.

The Swansea Old People's Welfare Committee was formed with the help of this Authority and held its first meeting on 1.12.54. Two members of the Health Committee were nominated to serve on the Committee.

Generally

During the year 618 visits were made by the Welfare Staff to applicants for admission to Part III Accommodation, Mount Pleasant Hospital, Homes for the Aged and to other old people in their own homes.

Besides arranging admission to Part III Accommodation, we have been able to assist in the following matters:-

(1) Securing admission to Hospital.
(2) Arranging for W.V.S. Meals on Wheels Service to provide hot meals.
(3) Refer cases to the Swansea Old People's Welfare Committee, for chiropody treatment or for visiting by the Committee's voluntary visitors.
(4) Arranging for District Nurses and the Domestic Help Service of the Department to be made available.
(5) Draw attention of the National Assistance Board to cases where financial assistance is needed.
(6) Generally to assist in the welfare of old people in their own homes.

A Welfare Officer is on call 24 hours a day and may be contacted outside normal working hours, by a telephone call to the Ambulance Depot. During the year 142 calls have been dealt with after 6 p.m.

Blind Welfare

The following Tables give information regarding the Blind who are registered with the Authority.

Blind

Table 1 - Age Periods of Registered Blind Persons.

	M.	F.	T.
0	-	-	-
1	-	-	-
2	1	1	2
3	-	2	2
4	1	-	1
5 - 10	-	-	-
11 - 15	2	1	3
16 - 20	-	1	1
21 - 30	4	6	10
31 - 39	12	13	25
40 - 49	6	11	17
50 - 59	21	21	42
60 - 64	22	13	35
65 - 69	23	17	40
70 +	81	134	215
	173	220	393

Table II - Age at onset of Blindness

	M.	F.	T.
0	14	19	33
1	1	2	3
2	1	1	2
3	-	-	-
4	-	1	1
5 - 10	6	6	12
11 - 15	2	1	3
16 - 20	5	2	7
21 - 30	15	9	24
31 - 39	11	9	20
40 - 49	13	18	31
50 - 59	25	20	45
60 - 64	18	16	34
65 - 69	14	29	43
70 +	48	87	135
	173	220	393

Table III - Blind Persons Registered as New Cases.

	M.	F.	T.
0	-	-	-
1	-	-	-
2	1	-	1
3	-	-	-
4	1	-	1
5 - 10	-	-	-
11 - 15	-	-	-
16 - 20	-	-	-
21 - 30	-	-	-
31 - 39	1	-	1
40 - 49	1	4	5
50 - 59	-	-	-
60 - 64	3	-	3
65 - 69	-	2	2
70 +	11	17	28
	18	23	41

Table IV - Blind Persons Registered as New Cases - Age at Onset of Blindness

	M	F	T
0	2	-	2
1	-	-	-
2	-	-	-
3	-	-	-
4	-	-	-
5 - 10	-	-	-
11 - 15	-	-	-
16 - 20	-	-	-
21 - 30	2	-	2
31 - 39	1	2	3
40 - 49	-	2	2
50 - 59	2	-	2
60 - 64	3	-	3
65 - 69	-	2	2
70 +	8	17	25
	18	23	41

Table V - Occupation of Blind Persons

	M	F	T
Handymen	2	-	2
Home Teachers	-	-	-
House to House Collectors	-	-	-
Basket & Cane-workers	7	-	7
Mat Makers	2	-	2
Brush Makers	5	-	5
Knitters	-	1	1
Factory Workers	2	-	2
Secretaries & Typists	1	-	1
Artificial Flower-makers	-	4	4
Travellers	1	-	1
Piano Tuners	1	-	1
Mattress Makers	5	-	5
Solicitors	1	-	1
Physiotherapist	2	-	2
Labourers	-	-	-
Miscellaneous	3	-	3
	32	5	37

Table VI - Physically and Mentally Defective.

	M	F	T
Mentally disordered & Physically defective	1	-	1
Mentally disordered	2	-	2
Mentally defective	3	-	3
Physically defective and deaf with speech	1	-	1
Physically defective	15	21	36
Physically defective & hard of hearing	1	1	2
Mentally & Physically defective	-	1	1
Mentally disordered and deaf	1	-	1
Deaf without speech	-	-	-
Deaf with speech	3	1	4
Hard of hearing	13	14	27
	40	38	78

Table VII - Children of School Age

	Educable		Mentally defective	
	Male	Female	Male	Female
In Schools for the Blind	1	1	-	-
In other Schools	-	-	-	-
Not at School	-	-	1	-
	1	1	1	-

Table VIII - Blind Persons in Homes and Hospitals

	Residential Accommodation provided under Part III of the National Assistance Act, 1948		Other Residential Homes other than Part III	Mental Hospitals.	Mental Deficiency Institutions.	Chronic Wards of Hospitals
	Homes for the Blind.	Other Homes				
Male	-	8	-	3	2	1
Female	2	14	-	-	-	1
	2	22	-	3	2	2

Table IX - Distribution of Blind Persons

	Male	Female	Total+
No. not trained but trainable	9	2	11
Employed	32	5	37
Not available for work	1	41	42
Unemployable	126	168	294
Others	5	4	9
	173	220	393

PARTIALLY SIGHTED

Table 1 - Total Number on Register - Age Groups and Sexes.

	M.	F.	T.
0 - 1	-	-	-
2 - 4	-	-	-
5 - 15	3	4	7
16 - 20	1	-	1
21 - 49	-	4	4
50 - 64	6	2	8
65 +	22	48	70
	32	58	90

Table 2 - Cases newly registered - Age at date of Registration.

	M.	F.	T.
0 - 1	-	-	-
2 - 4	-	-	-
5 - 15	-	-	-
16 - 20	-	-	-
21 - 49	-	1	1
50 - 64	3	-	3
65 +	6	21	27
	9	22	31

Table 3 - Removals from Register during the Year.

M.	F.	T.
1	3	4

Table 4(ii) - Class B - Persons industrially handicapped

	M	F	T
Available for work	1	-	1
Not available for work	1	-	1
	2	-	2

Table 4(iv) - Class D - Children aged 5 and under 16

	M	F	T
Attending special school	3	1	4
Attending other schools	-	3	3
	3	4	7

Table 4(i) - Class A - Persons near and prospectively Blind

	M.	F	T
Employed	-	1	1
Available and capable of work.	-	-	-
Not available for or not capable of work.	12	42	54
	12	43	55

Table 4 (iii) - Class C - Persons requiring observation

	M	F	T
16 - 20	-	-	-
21 - 49	-	3	3
50 - 64	2	1	3
65 +	13	7	20
	15	11	26

HOSPITALS AND NURSING HOMES.

Hospitals

The following table relates to a number of National Health Service Hospitals in the area of the Glantawe Hospital Management Committee and has been kindly supplied by the Group Secretary. The figures relate to the calendar year 1954, but it should be mentioned that Stouthall was closed as a maternity hospital on the 28th June and was re-opened as a Pre-convalescent hospital on the 9th November.

Statistics for period 1st January - 31st December, 1954.

	Swansea Hospital including Annexes	Morriston Hospital	Hill House Hospital	Stouthall Hospital	Fairwood Maternity Hospital	Mount Pleasant Hospital
BEDS						
Compliment on 31.12.54.	407	501	130	30	16	240
Average number available throughout the year.	372.56	452.47	120.50	13.56	16.20	216.82
IN-PATIENTS						
Number in hospital on 31.12.53	323	378	64	14	13	167
Number admitted during the year	6135	6231	1208	334	406	1596
Number treated to a conclusion	6164	6277	1219	334	409	1559
Number remaining in hospital on 31.12.54.	294	332	53	14	10	204
Average number resident daily throughout the year	316.72	389.78	63.73	10.05	12.60	194.17
Number of births during the year:-						
LIVE	-	711	6	238	318	364
STILL	-	37	-	6	4	17
Number of patients awaiting admission to hospital on 31.12.54.	2717	998	-	-	-	55
OUT-PATIENTS						
Number of New Out-patients during the year	15557	6818	-	-	-	792
Number of Out-patient Attendances during the year	53789	32442	-	-	-	3898

NURSING HOMES : The number of Homes registered under the Public Health Act 1936 is 4, the same as last year, with provision for 40 beds. Of these 13 are maternity beds.

WATER.

Public Water Supply

According to the Rate Books, the number of houses inhabited in 1954 was 42,971. It is estimated that 42,946 of these are connected to the mains supply, i.e. 99.9%

Medical Examination of Employees

All employees of the Water Undertaking whose duties bring them into any area near a water conduit have complete medical and bacteriological examinations.

REPORT ON CONSUMPTION OF WATER AND NEW CAPITAL WORKS FOR YEAR 1954.

RAINFALL

Rainfall in 1954 exceeded all previous records by a considerable margin, 121.75 inches being recorded at Cray, and 84.78 inches at Lower Lliw. These figures represent 143% and 156% of the long period average rainfall at the two stations. Precipitation exceeded average in all months save April and after a particularly severe storm on August 1st, when 3.16 inches of rain was recorded at Cray, all storage reservoirs filled within a few days - the first time all reservoirs had been full during August for over 25 years.

To reduce the rate of depletion of reserves during the early summer a total of 109 million gallons of water were abstracted from the River Llynfell at Dan-yr-Ogof caves on 42 days between 4th May and 16th June. This, coupled with the heavy rainfall, enabled the Department to meet the expanding demands for water during the year without resource to restrictions of any sort.

CONSUMPTION

The total quantity of water supplied during the year was 4,200,730,000 gallons, an increase of 274,814,000 gallons or 7% over 1953. Of this amount 3,142,998,000 gallons or 74.8% was drawn from Cray and 1,057,732,000 gallons or 25.1% from Lliw, the balance being water from the River Llynfell.

Of the total consumed, 1,003,074,000 gallons or 23.85% was supplied to the bulk consumers. This was an increase of 77,747,000 gallons or 8.4% over the amount consumed by these authorities in 1953; Llwchwr Urban District Council consuming 47.8%, Pontardawe R.D.C. 46.4% and Gower R.D.C. 5.8% of the total.

Consumption within the Borough also increased, but at a slightly slower rate. The following table gives the quantities used for various purposes during the year:-

	Total	Average/Day
TRADE	1,185,182,000	3,247,000
SHIPPING	53,371,000	146,000
SEWERS	18,280,000	50,000
DOMESTIC AND WASTE	1,940,853,000	5,317,000
Total	3,197,656,000 galls.	8,760,000 galls.

These figures when compared with those for earlier years, show that the general trend is towards increased consumption, save for supplies to shipping which of course are dependent on the level of trade throughout the world, and are not affected by predominately local conditions.

Trade consumption again exceeded all previous records, maintaining the steady increase evident since 1947 and exceeding last year's record by 8%.

Domestic consumption and waste have increased by 6.5% over 1953, reversing the trend of 1950-1953, when a substantial fall in waste was achieved by the introduction of more intensive waste detection methods. This campaign was continued during 1954, when six new waste detection districts were introduced and several obsolete waste meters replaced. It was evident that waste had been reduced practically to a minimum under existing conditions and that the normal expansion of consumption each year was continuing. However it is satisfactory to note that consumption in this category at an average of 5,317,000 gallons per day is still considerably below the 1950 figure of 6,035,000 gallons per day.

During the year, an examination of water pressures at various points in the supply system was made, and a programme devised for installing pressure reducing valves for some of the areas supplied at excessive pressures; to reduce static pressures which occur at night and severely strain service pipes and fittings. The long delivery dates for the supply of the special valves required did not allow work to proceed during the year.

TREATMENT.

The established methods of treating the water from impounding reservoirs continued, Chlorination being the process used at both Cray and Lliw.

The automatic plant installed at Lliw in 1953 was extended, and chlorine and ammonia were added to the water at the rate of 0.80 p.p.m. and 0.20 p.p.m. throughout the year. Some difficulties arose in the operation of the automatic ammoniator and this was replaced for part of the year by a manually controlled machine.

The whole plant at Cray is manually operated, and does not therefore give quite the same regularity of dose as Lliw. However, in general, flow rate varies little during any one day and the Chlorine dose was maintained at between 0.60 p.p.m. and 0.80 p.p.m. with little difficulty; the controlling factor being the chlorine demand of the raw water.

DETAILS OF NEW WORKS

The major Capital works undertaken during the year were again connected with the Usk Reservoir scheme. The Reservoir itself was substantially completed during the Summer and the embankment and clay puddle core raised to their finished level during October.

In the meantime, the work of laying the concrete paving on the face of the Dam had been in progress. During September, the concrete "stop" was placed in the river diversion tunnel, completing the Dam and bringing the river under control for the first time. Early in October, the Consulting Engineers issued the first Certificate under the Reservoirs (Safety Provisions) Act 1930, authorising the impounding of water up to a depth of 50 feet.

Certain waters collected in the Reservoir during October, and November. whilst the 18" mains were laid through the Diversion Tunnel, but this was discharged to allow final work on the inside of the Dam to be completed. Impounding was finally commenced on December 21st, 1954.

Work on the Filter Plant at Bryngwyn proceeded rapidly throughout the year, and the main building was roofed before the year ended. Internal finishing was in hand and the installation of much of the machinery of the Filter Plant was well advanced. Work on the Reaction tanks was delayed as a deliberate policy to enable the work on the main building to proceed as rapidly as possible.

The pipeline contract made substantial progress during the year. The laying of pipeline 2 - 27" pipes from Bryngwyn to Graig Fawr was completed, as was 93% of pipeline 3 - 26" pipes from Graig Fawr to Penllergaer; 34% of pipeline 4 - 20" pipes from Penllergaer to Cockett; and 16% of pipeline 6 - 20" pipes from Penllergaer to Clase.

The main constructional work at Cockett Reservoir, one of the terminal reservoirs of the scheme, was completed during October and the South tank completed its water test on 18th December. Water was being passed to the North tank at the year end for testing of this section.

Work commenced in September on the construction of an additional reservoir at Clase. This new reservoir is designed to work as one unit with the older tank constructed in 1945/1947 to form the second terminal reservoir of the Usk Scheme, and having a completed capacity of 5,000,000 gallons. By the end of the year excavation for the new tank was substantially completed.

Within the Borough, the Department continued an extensive main-laying programme for the supply of water to new houses and the replacement of old defective mains. A total length of 8 miles, 1,093 yards of new mains were laid during the year, in sizes from 3" to 21" diameter. Against this, 1 mile 1,591 yards of old mains were abandoned, giving a total length of 359 miles 157 yards of main of all sizes in use for supply purposes, at the end of the year.

DETAILS OF RESERVOIRS - 1954.

IMPOUNDING RESERVOIRS.

	Catchment Area Acres	Topwater Level Ft. A.O.D. (Liverpool)	Long Period Average Rainfall Ins. January	Rainfall 1954 Ins.	Capacity Reservoir in Million Gallons
CRAY No. 2 Gauge	2,680	1,001.00	85.00	121.75	1,007
UPPER LLIW	1,014	614.52	63.01	91.43	291
LOWER LLIW	727	388.25	54.45	84.76	101
TOTAL	4,421				1,399
USK No. 5 Gauge	880	1,005.00	71.35	88.88	2,715

SERVICE RESERVOIRS

Reservoir	Capacity (Gallons)	Top Water Level Ft.A.O.D.(Newlyn)
CLASE	2,500,000	545.5
CLASE TOWER	150,000	600.6
CLYNE	750,000	417.0
COCKETT	2,500,000	581.0
CWMDONKIN	1,500,000	240.0
MORRISTON	4,500,000	341.0
NEWTON	500,000	292.0
PENLAN	250,000	552.5
PENLAN TOWER	150,000	601.5
TIR JOHN	750,000	332.5
TOWNHILL	3,000,000	579.0
TOWNHILL TOWER	78,000	623.0
ST. THOMAS	536,000	199.5

Bacteriological Samples of Water.

During the year 191 Samples of water were taken, and the following table indicates in the various categories that 184 were very satisfactory and that seven samples were unsatisfactory or below standard.

	No. taken	Satisfactory	Unsatisfactory
(a) Public Supplies	180	179	1
(b) Springs	7	4	3
(c) Shallow wells	4	1	3
	191	184	7

The only unsatisfactory sample from the Public Supplies was one that was taken at the Lagoon at Dan-yr-Ogof before treatment by the Water Engineer's Department, and the water was found to be very satisfactory after treatment. The unsatisfactory samples taken from springs and wells were notified to the appropriate Department and public supplies were installed in three cases. In the remaining instances advice was given to the persons concerned on the best methods of treatment before drinking the water.

Of the 180 samples taken from the Public Supplies, the following is a list of the individual source of supply.

Cray Direct	Supply	17
Cray & Dan-yr-Ogof mixed	"	3
Dan-yr-Ogof before chlorination	"	1
" " " after " "	"	1
Townhill	"	13
Newton	"	17
Lliw Reservoir	"	17
Morriston Mixed	"	21
Cwmdonkin	"	14
Penlan	"	18
Clyne	"	16
St. Thomas	"	6
Tir John	"	16
Clase	"	20
		180

Particulars of the unsatisfactory samples are enumerated below:-

Public Supplies

No. of Sample	Sample from	Observation
S. S. 72	Lagoon at Dan-yr-Ogof Dam.	Very slight faecal pollution possibly of animal origin (as distinct from human)

Springs

No. of Sample	Sample from	Observation
S. S. 23	Bib-tap over wash-hand basin in office of Clyne Castle.	The coliforms are at a suspicious level and are possible of intestinal origin.

No. of Sample	Sample From	Observations
Springs		
S. S. 170	Outlet from Spring at Park-Hill Terrace , Swansea	Faecal contamination
S. S. 142	Outlet of Spring at Kilvey Hill.	Reasonably good for an untreated water.
Shallow Wells		
S. S. 75	From well at Trem-or-Mor, Cwmgelli.	Faecal pollution, Should not be used without sterilisation.
S. S. 76	From well at Penwern Isháf, Cwmgelli.	Faecal pollution. Should not be used without sterilisation.
S. S. 120	From well at Arosfa, Mynydd-Gelli-Wasted Road.	Faecal Pollution. Should not be used without sterilisation.

Chemical Analysis of Water

There were 14 samples of water taken for analysis by the Public Analyst.

12 samples were from Public Supplies
2 samples were from Springs.

Sample S. W. 4, taken from the Lliw Supply had a strong solvent action on lead and was treated as "suspicious". Samples S. W. 5 and 8 contained a large amount of fine suspended matter which proved to be diatoms and siliceous particles. (From Cray and Dan-yr-ogof Supply). Sample S. W. 7 which was an untreated water at Dan-yr-ogof showed a slight faecal pollution.

Residual Chlorine Tests.

These tests were regularly carried out in conjunction with bacteriological tests and in all cases were highly satisfactory.

SEWERAGE AND DRAINAGE

EXTENSIONS OF SEWERS AND SURFACE WATER DRAINS FOR THE YEAR ENDING

31st DECEMBER, 1954

	Size of Soil Sewer and length in yards.					Size of Surface water Drain and length in yards.											Length (Miles)
	4"	6"	9"	12"	15"	6"	9"	12"	15"	18"	21"	24"	27"	30"	33"	36"	
On Corporation Housing Sites (By direct labour)																	
PORTMEAD (Cadle)	-	-	-	-	-	81	26	-	-	-	-	-	-	-	-	-	5.58
WEST CROSS (Part 4)	-	-	149	-	94	-	8	-	-	-	-	-	-	-	-	-	
BONYMAEN	-	1490	1320	148	-	272	1093	282	322	215	34	-	-	-	-	-	
TRALLWN (Part 2)	-	759	447	40	-	124	692	186	75	164	-	-	-	-	-	-	
BLAEN-Y-MAES (Part I)	-	105	-	-	257	216	757	280	140	-	-	-	-	-	-	36	
Other Sewers																	
Surface water sewer extension Glanyrafon Rd.										56							0.24
Sewer extension Bryn Rd. Brynmill.	22	115															
Sewer extension Clydach Road, Ynystawe		215		8													

SANITARY INSPECTION

Inspections

Sewer Survey	933
Sewers	58
Drains	343
Cesspools	39
Public Urinals	53

NUISANCES ABATED

Drainage

Drains tested - water	61
- smoke	13
- chemicals	122
New drains constructed	104
Drains relaid	20
Drains repaired	57
Drains cleansed	103
Inspecting or intercepting chambers provided or repaired	47
Intercepting traps fixed	2
Soil pipes or ventilating shafts fixed or repaired	21
Gullies fixed	39
Troughs trapped or waste pipes repaired	4
Bath wastes trapped or repaired	3
Lavatory basins trapped or waste pipes repaired	2

Cesspools

Constructed	1
Abolished and house connected to sewer	14
Emptied	3

Water Closets

Additional water closets provided	31
Water closets re-constructed	20
New pans and traps fixed	37
Water closets cleansed	16
Flushing apparatus provided	31
" " repaired	18
Miscellaneous repairs	13

Earth or Pail Closets

Provided	1
Abolished	35

Urinals

Inspected	53
Additional provided	1
Reconstructed	1

PUBLIC CLEANSING

House and Trade Refuse

The arrangements for the collection and disposal of house and trade refuse during the year under review are similar to preceding years. All refuse is disposed of by controlled tipping.

The quantity of house and trade refuse collected during the year was 66,355 tons.

The quantity of Street Sweepings during the year was 614 tons.

The controlled tips are at Clyne Valley, Port Tennant, Mynydd Newydd and Morriston Marsh.

Pail Closets

There are still over 1,843 houses within the Borough without water flushed closets; these have pail closets, which are emptied weekly. The work is carried out at night time by a crew of four men with one mechanical vehicle, which has attachments expecially designed for this class of work. The contents are discharged direct into the sewers.

Cesspools

In addition to the houses with pail closets there are a number drained to cesspools. During the year, 152 houses were dealt with, the frequency of emptying varying from one to fifty times, representing 764 single operations. Contents are discharged from the machine direct into the sewers.

Street Gullies

Accumulation of grit and debris were removed from street gullies at intervals of between six and seven weeks. After emptying and cleaning, the gullies are re-sealed with clean water, the operation being carried out by mechanical vehicles designed for this service.

The number of street gulley cleansing operations carried out during the year was 38,716.

TOWN PLANNING

Progress on the preparation of the Development Plan for the County Borough continued during the year and the Minister of Housing and Local Government has granted an extension of time for completion of the Plan.

Meanwhile, development control has been exercised in accordance with the draft Plan.

RECONSTRUCTION

In the central area streets, permanent footpaths were laid on the completion of a number of building projects fronting the new roads.

The work of demolition and clearance of building sites continued during the year.

Constructional works were maintained at a steady pace as hereunder:-

Commercial Building

11 buildings providing 37 shops completed.
13 buildings providing 33 shops under construction.
1 warehouse completed.
2 warehouses under construction.

Public Buildings

The new Central Fire Station was commenced and rebuilding of St. Mary's Church was also undertaken. Works continued on the construction of the new Post Office Repeater Station at Padleys Yard.

Slum Clearance and Redevelopment.

A tentative programme was compiled for the clearance of unfit dwellings and other properties in the Dyfatty and Brynmelyn districts for the purpose of new housing redevelopment.

Third Stage of Redevelopment

Discussions were held during the year with officials of Government Departments on the subject of the third stage of redevelopment of the town area and some progress was made in the preparation of a detailed scheme for further roadworks.

PUBLIC CONVENIENCES

The programme of new public conveniences approved in 1953 (which included for the first time new conveniences in the Parks) gave priority to the following conveniences:-

1. Caer Street - St. Marys Square.
2. Pen-y-Graig Road, Townhill
3. Peniel Green, Llansamlet.
4. Glais
5. Blackpill
6. Rotherslade
7. Rebuilding of Welcome Lane Convenience
8. Llewellyn Park
9. Morriston Park.
10. Clyne Gardens.

Approval and loan came to hand for the Conveniences at Pen-y-Graig Road, Peniel Green and Blackpill during the year and work was commenced on these conveniences. In the case of Blackpill a supplementary loan was later applied for to provide for a larger convenience than was first planned for the site.

Approval was obtained for the convenience at Ynystawe and the building was substantially completed during the year.

Negotiations for the acquisition of the sites at Glais and Rotherslade, continued and settlement was reached subject to the approval of the District Valuer in the case of the site at Glais. Repairs and improvements were also carried out to existing buildings.

INDUSTRIAL DEVELOPMENT

Trading Estate

Building on one further factory on the Trading Estate was commenced during the year. It is a factory of 16,500 square feet floor area for Messrs. Ayres Jones, manufacturers of machinery.

The Estate Company are contemplating the building of a permanent office on the Estate to replace the temporary buildings.

Landore - Llansamlet Area

The process commenced by Messrs. Western Metallurgical Industries Ltd., at the Beaufort Works, Morriston did not proceed as quickly as was hoped, during the year. The levelling work on the adjoining tips therefore fell short of expectations.

HOUSING

House Building

House building progress shows an increase over the previous year.

Of the estimated total of 6,357 houses in the programme approved by the Corporation in 1943, as previously reported, building schemes for 6177 houses had been approved by the end of the year 1954, of which number 5058 had been completed and the balance was under construction or not commenced.

The table over-leaf gives a summary of the building progress in the post-war period to the end of the year 1954.

POSITION RELATING TO APPROVED SCHEMES

(As at 22nd DECEMBER 1954)

TYPE	HOUSES										Under Construction	Approved but not yet commenced	Total of Houses Approved to 22nd Dec. 1954
	YEAR									TOTAL			
	1946	1947	1948	1949	1950	1951	1952	1953	1954				
TEMPORARY BUNGALOWS	510	377	104	-	-	-	-	-	-	991	-	-	991
TRADITIONAL TYPE HOUSES	84	104	178	218	217	137	218	440	311	1907	340	113	2360
NON-TRADITIONAL TYPE HOUSES	-	252	529	233	224	130	160	154	313	1995	344	322	2661
WAR DAMAGE REBUILDING	28	110	27	-	-	-	-	-	-	165	-	-	165
TOTALS	622	843	838	451	441	267	378	594	624	5058	684	435	6177

Housing (Sanitary Inspection)

INSPECTION

No. of houses inspected and recorded	4260
No. of re-inspections of recorded houses	6766
Premises other than houses inspected for nuisances	140
Overcrowding	1
Owners or contractors interviewed	1380
Visits re releasing	9
Applications for Corporation houses	160
Housing Survey (Section II)	238

NUISANCES ABATED

Walls repaired	30
Outside plastering repaired	67
Inside " "	56
Floors renewed or repaired	48
Roofs renewed or repaired	117
Chutes, downpipes or gutters renewed or repaired	142
Chimneys repaired	36
Ceilings repaired	82
Doors and frames repaired	18
Lighting and ventilation of rooms improved	3
Window sashes or frames renewed or repaired	42
Window cords renewed	40
Staircase repaired	7
Grates or ovens repaired or renewed	35
Wash-houses provided or repaired	2
Outbuildings repaired	2
Obstructive outbuildings demolished	2
Yard paving relaid or repaired	17
Accumulations removed	16
Ashbins provided	1
Water taps or pipes repaired	3
Miscellaneous repairs and nuisances	20

CLEARANCE AREAS AND INDIVIDUAL UNFIT HOUSES RETURN FOR THE YEAR ENDED 31st DECEMBER, 1954.

PART A-CLEARANCE AREAS (Housing Act, 1936)

	Number of dwelling houses demolished in the period.		Number of persons displaced.
	Unfit houses	Other houses	
(1) Land coloured "pink"		—	
(2) Land coloured "grey"	—		

PART B-HOUSES NOT INCLUDED IN CLEARANCE AREAS

	Number of	
	Houses.	Persons displaced
DEMOLITION AND CLOSING ORDERS		
(1) Housing Act, 1936.		
(a) Houses demolished as a result of formal or informal procedure under Section II	1	5
(b) Houses closed in pursuance of an undertaking given by the owners under Section II, and still in force.	Nil	
(c) Parts of buildings closed (Section 12)	Nil	
(2) Housing Act, 1949.		
(a) Closing Orders made under Section 3(I)	Nil	
(b) Demolition orders determined closing orders substituted under Section 3(2)	Nil	
(3) Local Government (Miscellaneous Provisions) Act 1953. Closing Orders made under Section 10(I)	Nil	

	Number of Houses ж
REPAIRS.	
Informal Action.	
(4) Number of unfit or defective houses rendered fit during the period as a result of informal action by the local authority under the Public Health or Housing Acts	721
ACTION UNDER STATUTORY POWERS	
(5) Public Health Acts. Number of houses in which defects were remedied after service of formal notices	
(a) by owners	181
(b) by local authority in default of owners	Nil
(6) Housing Acts 1936. Number of houses made fit after service of formal Notices (Sections 9,10,11 & 16)	
(a) by owners	Nil
(b) by local authority in default of owners	Nil.

Rehousing

The following is a copy of the Housing Manager's Report for the year ended 31st March, 1955:-

"Application and Selection of Tenants.

In view of plans for a start on slum clearance in the near future it may be useful to give a brief summary of the position of the main waiting list. The revision of the waiting list is now completed and particulars have been brought up-to-date. The live list still stands at about 7,000; this excludes those from whom no reply has been received and who may or may not have made their own provision. On the average we continue to receive more new applications each week than the number of families housed. However it is noticeable that a number of present tenants are building or buying their own houses and this has provided a few additional vacancies.

During the past year a fairly substantial proportion of letters have again been required for priority groups. These are as follows:-

(a)	On recommendation of M.O.H. T.B. Patient in family	38
	" " " " Sever orthopaedic	7
	Other Medical	25
(b)	On recommendation of C.S.I. Individually unfit houses	14
(c)	Employment - Transferred Key Workers	5
	Building Trade Operatives	11
(d)	Retired Corporation employees	3
	Total	103

The housing of large families is still a problem but by transfer arrangements vacancies have been made in 4 four bedrooomed and 1 five bedroomed houses. Overcrowded conditions are still very acute. One of the families (man, wife and 3 children) who was allocated in date order (June 1949) a three bedroomed house, had been occupying a bedsitting room only in a five roomed house in which there were ten other occupants. This is by no means an exceptional case and there are hundreds of families still on the waiting list, who are not eligible for any particular priority, who are living in grossly overcrowded circumstances."

FOOD & DRUGS

MILK AND DAIRIES REGULATIONS, 1949.
MILK (SPECIAL DESIGNATION)(PASTEURISED & STERILISED MILK) REGS. 1949.
& MILK (SPECIAL DESIGNATIONS)(RAW MILK) REGULATIONS, 1949

The following tables show a comparison in relation to Registered Distributors, Dairies and Licenced Dealers under the above Regulations, for the years 1950, 1951, 1952, 1953 and 1954.

	1950	1951	1952	1953	1954
1. No. of Dairymen (Retailers)	69	64	63	62	62
2. No. of Farmers (do.)	66	61	43	46	42
3. No. of Shopkeepers do.	79	92	110	112	112
	214	217	216	220	216

It will be seen from the above tables that the number of persons retailing milk in the Borough during the past few years has remained fairly constant, but it is anticipated that the new Legislation that is to come into operation in the coming year will alter the number considerably. The requirements under the New Act will make this Borough a "prescribed area" in which only designated milks be allowed to be sold and then only in sealed containers. This will mean that many of the persons selling milk retail in the Borough will now have to send their milk to wholesalers for pasteurisation.

REGISTERED DAIRIES.

There are 62 registered dairies and 112 registered shops for the sale of milk in the Borough. The latter are licenced for the sale of bottled milk only. Farm-dairies are still controlled by the Ministry of Agriculture and Fisheries.

VISITS.

	1951	1952	1953	1954
1. No. of Visits made to dairies and milk-shops and interviews with dairymen and contractors.	709	797	841	738
2. No. of informal notices and verbal intimations given.	25	29	33	21
3. No. complied with	20	27	29	19
4. No. in course of complying	5	2	4	2

PROCESSING ESTABLISHMENTS

	1951	1952	1953	1954
1. No. of Licenced Pasteurising Establishments.	10	11	12	13
2. No. of Licenced Sterilising Establishments.	2	2	2	2
3. No. of Licenced Pasteurising plants in course of installation.	2	1	-	-
	14	14	14	15

While there is only a small increase in the number of plants, there is a great increase in the output due to modernisation of plant, and imminent liklihood of the Borough being made a "Prescribed Area".

Comparison of Licenced Dealers in Designated Milks for the Period 1951, 1952, 1953 and 1954.

	1951	1952	1953	1954.
Dairymen Dealers Licenced	61	64	63	62
Shopkeepers " "	96	96	99	112
Farmer " "	15	15	15	16
	173	175	177	190

Comparison of Types and Designated Milk Licences Issued for the year 1953 and 1954.

	Principal		Supplementary		Total	
	1953	1954	1953	1954	1953	1954
1. No. of Dealers' T.T. Milk Licences	72	74	6	7	78	81
2. " " " Pasteurised "	83	84	6	7	89	91
3. " " " Sterilised "	146	148	2	2	148	150
4. " " Pasteurisers' Licences	11	12	-	-	11	12
5. " " Sterilisers' Licences	2	2	-	-	2	2
	314	320	14	16	328	336

Comparison of Milk Samples taken during the Years 1953 and 1954.

	Formal		Informal		Total	
	1953	1954	1953	1954	1953	1954
No. of Pasteurised Milk Samples	328	333	15	7	343	340
No. of T.T. (Past) " "	221	256	-	22	221	278
No. of Tub. Tested " "	154	122	-	-	154	122
No. of T.T. (Farm Bottled) "	42	37	-	-	42	37
No. of Sterilised Milk Samples	79	78	-	-	79	78
	824	828	15	29	839	855

Results of Tests of Formal Samples of Designated Milk

	No. of Samples taken			Satisfactory			Unsatisfactory		
	M.B.	Phos.	Turb.	M.B.	Phos.	Turb.	M.B.	Phos.	Turb.
Pasturised	340	340	-	336	333	-	4	7	-
Sterilised	-	-	78	-	-	78	-	-	-
T.T. (Pasteurised)	278	278	-	276	272	-	2	6	-
Tuberculin Tested	122	-	-	112	-	-	10	-	-
T.T. (Farm Bottled)	37	-	-	33	-	-	4	-	-
	777	618	78	757	605	78	20	13	-

The Regulations provide for the following tests to be carried out on all Designated Milks.

Pasteurised Milk - Phosphatase & Methylene Blue Tests.
Tuberculin Tested (Pasteurised) Milk - " " " "
Tuberculine Tested - Methylene Blue Test
Sterilised Milk - Turbidity Test.

OBSERVATIONS.

It will be observed from the above tables that the percentage of unsatisfactory samples is particularly low in relation to the total number of samples taken. By regular visits to all dairies and processing establishments and the co-operation of dairy-men generally, a very high standard is being maintained and must be considered a credit to the dairy trade.

CONCLUSIONS.

In addition to the samples already mentioned, samples are taken to test for tuberculosis and brucella abortus. These were as follows:-

T.B. Samples taken	28
Results - Negative	28
- Positive	-
Brucella Abortus Samples taken	4
Results - Negative	4
- Positive	-

FOOD AND DRUGS ACT 1938

INSPECTIONS

Dairies and milkshops	477
Cowsheds	4
Milk Purveyors	748
Ice-cream premises and barrows	209
Restaurants and food preparing places	102
Butchers	229
Wholesale meat shops and stores	132
Butchers' food preparing premises	60
Other registered food premises	72
Fishmongers, wholesale and retail	59
Butter or margarine factories	6
Markets	128
Food Stalls	279
Hospitals and institutions re food	5
Cottagers' pigs examined	16
Provision shops and stores	643
Greengrocers and fishmongers	39
Food vehicles	9
Railway stations re food	31
Fried fish-shops	12

NUISANCES ABATED

Ice-cream Premises

Water supply provided	5
Washing-up sinks provided	3
Premises improved	3
Ashbins provided	2
Accumulations removed	2
Other repairs	13

Dairies, Cowsheds & Milkshops

Existing dairies improved	28
Drainage improved	7
Paving repaired	11
Lighting or ventilation improved	2
Other repairs	22

Food Shops, Kitchens etc.

Inside drain inlets abolished	2
Accumulations removed	1
Cleanliness improved	7
Storage arrangements improved	4
Lighting or ventilation improved	6
Ashbins provided	1
Washing-up sinks fixed with hot and cold water	19
Water supply provided	7
Other repairs	1
Old premises demolished or converted	3
New premises constructed	2
Impervious floors and yards laid.	6
Floors and yards repaired	5
Walls repaired	15
Boiler and chimney stacks repaired or improved	1
Roofs, chutes and downpipes repaired	5
Drains repaired or relaid	4
New gully traps fixed	1
Water closet accommodation provided or improved	4
Washing facilities provided or improved.	16

FOOD AND DRUGS ACT, 1938

NUISANCES ABATED (Contd.)

Fried Fish Shops

Water supply provided	1
Washing-up sinks provided	2
Lighting or ventilation improved	1
Cleansing carried out	1
Storage accommodation provided or improved	1
Drainage improved	1

VISITS TO BECK LABORATORY	98

FOOD AND DRUGS ACT, 1938 - SAMPLES TAKEN

Solids	169
Milks	335
Bacteriological samples taken	13

FOOD AND DRUGS RESULTS

Satisfactory	426
Unsatisfactory	77

PHOSPHATASE TEST (MILK)

Satisfactory	532
Unsatisfactory	77

METHYLENE BLUE

Satisfactory	624
Unsatisfactory	13

TURBIDITY TEST

Satisfactory	73
Unsatisfactory	Nil

T.B. SAMPLES

Positive	5
Negative	40

PUBLIC ANALYST'S REPORT

The work carried out for the County Borough of Swansea during the year 1954 is summarised in the following table, which shows the total number of samples examined and reported upon and the headings under which they were classified:-

Under the Food and Drugs Acts	524
Under the Fertilisers and Feeding Stuffs Act	37
For the Public Health Department	88
For the Borough Engineer's Department	2
For the waterworks Department	9
For the Swansea Port Health Authority	7
TOTAL	667

CHANGES IN FOOD AND DRUGS LEGISLATION

Food and Drugs Amendment Act 1954

The Food and Drugs Amendment Act, 1954, received the Royal Assent on the 25th November, 1954, but with the exception of Section 28 (which deals with the restriction of private slaughterhouses) the provisions of this Act did not come into force immediately. They are to be brought into operation on a date to be fixed by the Minister of Food.

The main purposes of this Act, which was referred to in the press as the "Pure Food Act", are:-

(1) to provide further safeguards for the public against the sale of food containing injurious or other undesirable ingredients, and against harmful processing or treatment of food.

(2) to place the existing law regulating the composition, labelling and advertising of food at present contained in the Defence (Sale of Food) Regulations on a permanent basis under the Food and Drugs Acts and to extend the powers to make such regulations.

(3) to provide fuller powers to secure that food is not contaminated in the course of preparation, storage, distribution and sale.

Injurious foods. - The new Act will materially strengthen the present law relating to the addition of injurious substances to food. It recognises that food may be rendered injurious to health by additions, through abstraction of some constituent in the course of its preparation, and also during processing or treatment, and "in determining ... whether an article of food is injurious to health, regard shall be had not only to the probable effect of that article on the health of a person consuming it but also to the probable cumulative effect of articles of substantially the same composition on the health of a person consuming such articles in ordinary quantities."

Chemicals in Food. - The discovery of new chemical substances possessing a wide variety of potential uses has had repercussions on food science and food technology, and many new synthetic compounds are finding application in food and food processing. There are, for example, new emulsifying agents capable of being used in the preparation of such things as salad creams and whipped creams, or in the emulsification of fats in the bakery; antioxidants, which might be used to delay the development of oxidative rancidity in fats and fatty foods; synthetic sweetening agents, whose use might extend from the soft drinks industry to the baking and confectionery industries, and there are anti-staling agents for use in the making of bread. New synthetic compounds are being used as aids to hygiene - insecticides, detergents, disinfectants, fungicides and rodenticides - and new substances are being used in agriculture for specific purposes, e.g. for arresting the sprouting of potatoes in clamp and for preventing the rotting of oranges during transportation.

For each of these substances suggested for a particular purpose there is the possibility of human ingestion, either by deliberate inclusion as an ingredient or by incidental contamination arising from their use at some stage in the production or preparation of foodstuffs. Some of them may be harmless, but for most of them we have little or no knowledge of their effects on the health of the consumer, particularly when they are ingested over a long period.

In some instances where new substances proposed for use in food have been found to be toxic to animals it is not known whether the toxic effects were due to the pure compound itself or to impurities in the commercial product. It is evident that until a uniform material is produced synthetically which conforms to a specification known to relate to a non-toxic product, such substances should not be used in food. There are also instances of substances being used extensively for years without adequate investigation of their effects on health, e.g. "agene" i.e. nitrogen trichloride (used as a flour improver), mineral oil (used as fat in making cakes), dulcin (an artificial sweetening substance) and "butter yellow" (a synthetic colouring matter), where recent research has established that they have toxic properties or that they may give rise to toxic products during cooking, and the use of these substances has been discontinued.

It is necessary, however, that this subject should be viewed in proper perspective, and Professor E.C. Dodds, M.V.O., M.D., D.Sc., F.R.S., in concluding the Sanderson-Wells Lecture for 1953 entitled "Chemicals and Food" said -

> "Using preservatives and other means, it is now possible to distribute food at a cost within the grasp of all, and to maintain a uniformity which would be quite impossible without the labours of the technologist. Surely we are not going to throw away all these advantages because of one or two unfortunate episodes in which a doubtful or bad process has slipped through the existing system of control? The moral is to perfect the system of investigation and control, so that we can gain the full advantage of the work of the food technologist but at the same time make sure that we are not doing ourselves any harm."

Measures for Control. - In the Food and Drugs Amendment, 1954, the Government has sought to provide means to establish effective control over such substances in order to safeguard the public health, and to this end the Ministers of Food and Health (acting jointly) are given powers to make Regulations requiring, prohibiting or regulating the addition of any specified substance or class of substances to food intended for sale for human consumption, and for regulating the composition of such food. They are granted similar powers for controlling the use of any process or treatment in the preparation of such food, and they may prohibit or regulate the sale, or advertisement for sale, of any specified substance or class of substances,

Measures for Control. (Cont'd)

with a view to its use in the preparation of food for human consumption. The Ministers are directed "to have regard to the desirability of restricting, so far as practicable, the use of substances of no nutritional value as foods or as ingredients of foods."

For the purpose of enabling them to exercise these functions, the Ministers are empowered to require business undertakings that produce, import or use substances or classes of substances that are considered to require regulation, to provide particulars of any such substance sold for use in the preparation of food or so used in the course of their business. Such particulars may include the composition and chemical formula of the substance, the manner in which it is used and details of any investigations that have been carried out to determine whether the substance might be injurious to health or have a cumulative effect on the health of a person consuming it in ordinary quantities. There are heavy penalties for improper disclosure of these particulars.

Food Hygiene. - The Ministers of Food and Health are given authority to make Regulations for securing the observance of hygienic conditions and practices in connection with the sale, importation, preparation, transport, etc., of food for human consumption, including the prohibition of spitting on premises where food is prepared, stored or offered for sale for human consumption, and for imposing requirements as to the clothing worn by persons on such premises.

The Ministers may also take steps to publish Codes of Practice for giving advice and guidance to persons responsible for compliance with Food Hygiene Regulations.

As part of the permanent administration of the Food and Drugs Acts, there is to be constituted a Food Hygiene Advisory Council composed of persons appointed by the Ministers to represent the public, the food trade and the workers in the food trade. This Council will consider and advise on matters relating to the labelling, marking and advertising of food and on questions of food hygiene referred to it by the Ministers. Draft regulations, draft codes of practice and draft orders concerning these matters will also be referred to the Advisory Council for consideration and advice.

Statutory Instruments.

Margarine. - The Food Standards (Margarine) Order, 1954, came into force on the 16th May, 1954 following the de-control of margarine, and it requires that Vitamins A and D shall continue to be added to all margarine sold by retail. It prescribes that margarine shall contain between 760 and 940 international units of Vitamin A per ounce and between 80 and 100 international units of Vitamin D per ounce. This Vitamin A content is approximately equivalent to that of butter and the Order prescribes the method to be used for its determination. The Vitamin D requirement remains the same as under control except that a tolerance of 10 per cent. is now granted.

Mineral Oil in Food. - The Mineral Oil in Food Order, 1949, prohibits the use of mineral oil in the composition or preparation of any article of food intended for sale or sold for human consumption. There is an exemption from this prohibition, however, if the mineral oil content does not exceed 0.2 per cent. by weight of the food and its presence is due, not to inclusion as an ingredient, but to its use as a lubricant or greasing agent on a surface with which the food necessarily comes into contact during preparation.

In October, 1952, this Order was amended to provide exemption also for dried fruits (defined as prunes, currants, sultanas and raisins) when these contain not more than 0.5 per cent. by weight of mineral oil, and for articles containing mineral oil through the use of such dried fruit as an ingredient.

By a further Amendment Order that came into operation on the 8th August 1954, exemption is also provided for citrus fruit containing not more than 0.1 per cent. by weight of mineral oil, and a proportionate allowance is made for foods containing such fruit.

SAMPLES TAKEN UNDER THE FOOD AND DRUGS ACTS, 1938 - 1950.

The total number of samples of food and drugs submitted by the Sampling Officers during 1954 was 524, compared with 555 in the previous year. The fact that a sample is obtained under the provisions of the Food and Drugs Act does not prevent action being taken by appropriate Authorities under other legal enactments, and therefore, when the samples were examined and reported upon, regard was given to all relevant legislation.

The nature of the various articles submitted, the number of each kind and the numbers that were adulterated or otherwise unsatisfactory are shown in the table below.

Samples submitted under the Food and Drugs Act during 1954.

Nature of Sample.	Number examined	Number unsatisfactory
Beans, Butter	1	-
Beans, Canned baked	1	-
Beans with sausages, Canned	1	-
Beverage powder	1	-
Bread	1	-
Butter	7	-
Butter flavouring	1	-
Cake	4	-
Cake, Sponge, and Scone mixtures, Sweetened	3	-
Cheese	1	-
Cherries, Glace	2	-
Chocolate	1	1
Chocolate wafer biscuits	1	-
Cinnamon, Ground	1	-
Cocktail sausages in brine	2	-
Condiment (Vinegar substitute)	2	-
Coffee and chicory essence	1	-
Cooking fat	2	-
Cornflour	1	-
Cream	1	-
Dates, Stoned	3	1
Dessert powder	1	-
Dripping	2	-
Drugs and Medicinal preparations -		
Antiseptic solution	1	-
Bicarbonate of soda	3	-
Digestive tablets	1	-
Gee's linctus	1	-
Lactagol	1	-
Laxative tablets	1	-
Olive oil	2	-
Olive oil with raspberry vinegar	1	-
Quinine and cinnamon tablets	1	-
Sulphur tablets	1	-
Tonic tablets	1	1
Vitamin tablets, Compound	1	-
Egg custard	1	-
Eggs, Frozen liquid	1	1
Fish and Fish products -		
Anchovy fillets, Canned	1	-
Crab, Dressed	1	1
Fish paste	2	-
Sild, Canned	1	-
Shrimps, Canned peeled	2	-
Gelatine	1	-
Ginger, Preserved	1	-
Grapefruit, Canned	1	-
Gravy browning	2	-
Ham and cheese spread.	1	-

Nature of Sample	Number examined	Number unsatisfactory
Hog fat, Pig fat, and Pork fat	4	1
Honey	1	-
Ice-cream	4	-
Jam and Jelly preserves	4	-
Lard	3	-
Lemon curd	2	-
Lemonade powder and tablets	5	-
Lime juice cordial	1	-
Margarine	6	1
Marmalade	1	-
Meat and Meat products -		
Brawn	1	1
Corned beef loaf	2	-
Faggots	1	-
Galantine	1	-
Kidneys, Canned	1	-
Luncheon meat	2	1
Pork roll, Stuffed	1	-
Steak, Canned stewed	1	-
Steak and kidney pie	1	-
Meringue pie filling	1	-
Milk	346	43
Milk, Appeal-to-cow samples	9	2
Milk, Condensed	3	-
Milk, Dried	1	-
Mint in vinegar	1	-
Mushroom ketchup	1	-
Mustard, Ready-mixed	1	-
Oats, Breakfast	1	1
Pepper	1	-
Peel, Citrus fruit	2	-
Pineapple drink	1	-
Potato crisps, Savoury	1	-
Pudding, Christmas	1	-
Pudding powder	1	-
Prunes	2	-
Sage, Dried	1	-
Sauces	5	-
Sausages	8	3
Semolina	1	-
Soup preparation	1	-
Sugar	1	-
Sweets	12	2
Table cream	1	-
Table jelly crystals and tablets	2	-
Tea	4	-
Vegetable extract, Liquid	1	-
Welsh rarebit	1	-
TOTAL :	524	60

The number of samples reported upon adversely was 60, or 11.4 per cent. of the number examined. Comparison with recent years is made in the table below and it will be noted that the proportion of unsatisfactory samples was lower than in any year since 1951, though it was not as low as in the years 1948-1950.

Year	Number of samples examined	Number adulterated or otherwise irregular.	Percentage adulterated or irregular.
1948	604	45	7.4
1949	556	46	8.2
1950	578	43	7.4
1951	512	86	16.8
1952	555	93	16.7
1953	555	68	12.2
1954	524	60	11.4

Milk.

The total number of milk samples submitted under the Food and Drugs Acts during the year was 355. Of these 346 were taken in the ordinary way by the Sampling Officers from roundsmen, at wholesale dairies, and at public institutions, while 9 were appeal-to-cow samples.

Of the 346 samples taken in the ordinary way, 9 contained added water and 34 others contained less than the presumptive minimum of 3.0 per cent. of fat prescribed by the Sale of Milk Regulations.

Freezing Point Test. - In every case where the results of chemical analysis suggested the possibility of the presence of added water, the Hortvet freezing point test was applied. Sixty-five samples that contained less non-fatty solids than the presumptive minimum of 8.5 per cent. had normal freezing points, thus indicating that these milks had not been adulterated by the addition of water but that they were naturally poor in non-fatty solids. Accordingly, they were returned as "genuine though low in non-fatty solids." Three-quarters of them were obtained in the first two quarters of the year. This number represents no less than 18.8 per cent. of the ordinary samples; in 1953, 11.0 per cent. of the ordinary samples were naturally low in non-fatty solids. The lowest figure for non-fatty solids found in these samples in 1954 was 7.93 per cent., the next lowest being 8.00 per cent.

Added Water. - The freezing point test confirmed the presence of added water in nine samples obtained from three producers. In one case where the proportion of added water was small, the Town Clerk sent a letter of warning to the producer, and further samples from this source have been genuine. Legal proceedings were taken, however, against the other two producers, both of whom were sending their milk to a large dairy. Corresponding appeal-to-cow samples were obtained and examined in each case and the results of analysis showed that at each farm the cows were producing milk of excellent quality with normal freezing points. The extent of the adulteration in the formal samples from these sources and the results of the prosecutions are given in the following table:-

Milk Prosecutions, 1954.

No. of Sample.	Results of Analysis	Results of Proceedings Fine	Costs
J.411	Contained 11% of added water	£10	£9. 1. 2d.
J.413	" 11% " "		
J.327	Contained 7% of added water	£20	£6. 6. 0d.
J.328	" 8% " "		

Fat Deficiency. - The proportion of milk samples that contained less than 3.0 per cent. of fat was higher than usual, being 9.8 per cent. as compared with an average figure of 7.0 per cent. over the years 1943 - 1953. The corresponding proportion in 1953 was 6.5 per cent. Most of these samples were taken from supplies of raw milk delivered to large dairies and were described on the labels attached to the churns as "morning milk". In many cases they were accompanied by samples of afternoon milk from the same cows and almost invariably these were rich in fat so that the fat content of the whole consignment averaged more than 3.0 per cent.

When there is a considerably longer interval between the afternoon milking and the next morning milking than there is between the morning and afternoon milkings of the same cows, it is generally found that the afternoon milk is rich in fat (and small in quantity) while the morning milk is low in fat content (and large in quantity). This is the most common cause of the fat content of genuine milk falling below 3.0 per cent., and it is particularly liable to occur in the Spring when the average fat content of milk is at its lowest during the year.

In a case where the fat deficiencies in two samples from one source were considerable, appeal-to-cow samples were taken after the evening and the next morning milkings of the cows, and these showed that at the morning milking the cows were producing milk of low fat content, the samples containing only 2.25 and 2.58 per cent. of fat. The evening milks contained 3.01 and 3.03 per cent. of fat.

Appeal-to-cow Samples. - These are samples of milk taken by a Sampling Officer after he has very carefully supervised the milking of the cows. They are obtained for comparison purposes when a previous sample from the same source has been found to be unsatisfactory and they show the composition of the adulterated milk given by the cows. During the year, nine such samples were obtained from three producers, four of the samples being in connection with fat deficiencies as mentioned in the previous paragraph, and the other five were in relation to the samples in which legal proceedings were taken for the presence of added water.

Channel Islands Milk. - "Channel Islands milk" is defined in the Milk (Great Britain) Order, 1953 as milk -

(a) which is produced from cows of the Channel Islands breeds, and

(b) which the producer thereof sells by retail or in respect of which he receives a premium paid through the medium of a premium contract issued by a Milk Marketing Board, and

(c) which is labelled "Channel Islands milk","Jersey milk" or "Guernsey milk" when sold in a container.

Such milk may only be sold at a price exceeding the maximum for ordinary milk (or the maximum for "Tuberculin Tested milk" or "Tuberculin Tested milk Farm Bottled" should one of these descriptions also be applicable to the milk) if it has a butter-fat content of not less than 4.0 per cent.

The Ministry of Food is responsible for the enforcement of this Order and it has requested that where a Food and Drugs Authority finds a sample of Channel Islands milk to contain less than 4.0 per cent. but not less than 3.0 per cent. of butter-fat, full particulars, including the name and address of the vendor and of the producer, be sent to the Milk Division of the Ministry of Food in order that appropriate action may be taken.

During the year, 16 samples were submitted as Channel Islands milk. No sample contained less than 4 per cent. of fat, the lowest fat content being 4.0 per cent., the highest 5.3 per cent. and the average 4.87 per cent.

Average Composition of Milk Samples. - The average composition of all the milk samples submitted during the year is given in the table below. The average composition of the Channel Islands milk and of the 'ordinary' milk samples (i.e. all samples other than Channel Islands milk) is also shewn.

Average Composition of Milk Samples, 1954.

Variety.	Number of Samples	fat per cent.	Non-fatty solids per cent.	Total solids per cent.
Channel Islands milk	16	4.87	9.21	14.08
Other milk samples	339	3.59	8.64	12.23
All milk samples	355	3.65	8.66	12.31

It will be observed that the average composition of Channel Islands milk is much superior to that of 'ordinary' milk and the results from this variety are in accordance with the general finding that milk that contains a high percentage of fat also contains a high percentage of non-fatty solids.

In the next table the average composition of the 'ordinary milk' samples for 1954 is compared with the figures for the previous eleven years. The high proportions of samples in 1954 that contained less than 8.5 per cent. of non-fatty solids but with normal freezing points, and less than 3.0 per cent. of fat have already been noted and it will be seen that the averages for both fat and non-fatty solids contents in 1954 were lower than those for 1953.

Average Composition of Ordinary Milk Samples, 1943 - 1954.

Year	Number of Samples	Fat per cent.	Non-fatty solids per cent.	Total solids per cent.
1943	321	3.62	8.68	12.30
1944	272	3.61	8.68	12.29
1945	386	3,61	8.71	12.32
1946	260	3.56	8.68	12.24
1947	217	3.59	8.63	12.22
1948	307	3.59	8.79	12.38
1949	255	3.53	8.76	12.29
1950	285	3.57	8.70	12.27
1951	299	3.47	8.64	12.11
1952	350	3.56	8.66	12.22
1953	403	3.61	8.67	12.28
1954	339	3.59	8.64	12.23

A Working Party was appointed by the Government in 1951 "to examine the present structure of producers' prices for milk and to advise whether it is desirable and practicable to make revisions which would promote an improvement in the composition and quality of milk sold off farms in the United Kingdom." Their report was published in 1953.

The Working Party found that there had been deterioration in the composition of milk over the past 30 years and that there was every reason for taking steps to improve it. Although it was recognised that a better quality article should command a higher price, payment for milk on the basis of its compositional quality was considered to be impracticable on the grounds of cost and administrative difficulties.

For arresting this decline, they recommend that where poor quality milk is being produced the farm should be advised by the National Agricultural Advisory Service, and should no improvement then occur, the Milk Marketing Board would then give notice to the producer that if the composition of the milk was not improved within a specified time, his contract would be terminated.

This scheme would deal, in the first place, with those producers sending in milk at or near the presumptive minimum standards and the ultimate sanction of cancellation of contract would fall initially only on those who persisted in sending in milk which fell below those standards. It was considered that as progress was made the scheme could be strengthened by progressively raising the limits below which a distributor can reject milk as unmarketable (at present 3.0 per cent. of fat and 8.5 per cent. of solids-not-fat), and that if progress were not made, or were not made quickly enough, it might be necessary for the Government to give consideration to the imposition of penalties on unsatisfactory milk.

No action appears to have been taken during the year under review to implement these recommendations.

Articles other than Milk.

One hundred and sixty-nine samples other than milk were submitted during the year. They covered a wide range of articles and particulars of the fifteen samples (= 8.8 per cent.) that were reported upon adversely are tabulated below.

Unsatisfactory Samples of Articles other than Milk - 1954.

Article	Nature of Adulteration or Irregularity.
Brawn	Contained 270 parts per million of sodium nitrite. Maximum permitted = 200 p.p.m.
Chocolate	The chocolate had an objectionable taste. It was mouldy and contained numerous dead mites.
Dressed Crab (in glass jar)	Contained approximately 3 per cent. of starchy filler, the presence of which was not declared on the label.
Stoned Dates	A half-pound packet contained 7 date stones.
Frozen Egg	Undergoing decomposition with production of a most objectionable odour.
Margarine	Rancid. The fat contained 6.7% of free fatty acids.
Luncheon Meat	Not of merchantable quality. The meat had a strong fishy odour.
Breakfast Oats	Rancid. The extracted fat contained 67.7 per cent. of free fatty acids. Porridge prepared from the oats was unpalatable.
Pig's Fat	Consisted of fat other than genuine pig's fat.
Sausages, Beef (2 samples)	Contained respectively 190 and 195 parts per million of sulphite preservative (expressed as sulphur dioxide), the presence of which was not declared.
Sausages, Pork	Contained only 50 per cent. of meat.
Sweets (Bubble Gum)	Contained 2.3% of talc, the presence of which is undesirable and unnecessary.
Sweets (Butterscotch Flavour)	Unsatisfactory label. The word "butterscotch" was printed on a plain light-coloured background in large type, but the word "flavour" was printed in very much smaller type on a multicoloured patterned background so that it could be seen only with difficulty.

Unsatisfactory Samples of Articles other than Milk - 1954 (Continued)

Article	Nature of Adulteration or Irregularity.
Tonic Tablets	The name of the authorised seller and the address of the premises on which this article was sold was not stated, contrary to S.18 of the Pharmacy and Poisons Act, 1933.

These samples call for little further comment. They include irregularities in the labelling of articles and instances of deterioration during storage, of misdescription and of failure to reach a reasonable standard of quality. Legal proceedings were instituted in respect of one sample only, as mentioned under the next heading. In all the other cases suitable action was taken by the Chief Sanitary Inspector.

Sausages. - During the war the price and composition of sausages were controlled by Food Control Order. Before this control was abolished on 1st March 1953, pork sausages were required to contain not less than 65 per cent. of meat and beef sausages not less than 50 per cent. Since much more meat is now available for manufacturing purposes, it is generally considered that sausages ought not to contain less meat than during the period of control.

Of the eight samples of sausages submitted, five consisted of beef sausages, two were pork sausages and the other contained both beef and pork. The meat content of the beef sausages ranged from 53 to 80 per cent. with an average of 63½ per cent., and the sample containing mixed meat contained 63 per cent. of meat. One of the samples of pork sausages sold at 2/2d. per lb., contained 64 per cent. of meat and was the subject of legal proceedings. At the hearing of the case it was stated on behalf of the vendors, who pleaded guilty, that the sausages in question had been bought by them and from enquiries that had subsequently been made it appeared likely that though an error by the person who actually made the sausages the formula for beef sausages had been used instead of that for pork sausages which provided for a meat content of 65 per cent. The vendors were fined £5 and £4.14. 6d costs.

The Public Health (Preservatives, etc., in Food) Regulations permit sausages to contain sulphite preservative up to a maximum of 450 parts of sulphur dioxide per million provided its presence is declared on a label attached to them or by means of a notice exhibited in a conspicuous place as to be easily readable by a customer. Four of the eight samples contained sulphur dioxide within this limit but in two instances there was no declaration of its presence and the vendors concerned were cautioned.

Ice-cream. - Ordinary ice-cream must contain at least 5 per cent. of fat, 10 per cent. of sugar and 7½ per cent. of milk solids other than fat. The four samples submitted complied with these requirements, their fat contents ranging from 5.9 to 7.8 per cent. with an average of 6.9 per cent., while the total solids ranged from 28.8 to 32.0 per cent. and averaged 30.6 per cent.

Citrus fruits. - In January, 1954, the Minister of Food drew the attention of Food and Drugs Authorities to the possible use by certain orange growers of thiourea, and of fungicides containing thiourea, as a rot and mould suppressant.

Thiourea can penetrate the skin of citrus fruits and so find its way into the juice. Experiments in the United States have shown that this chemical is lethal to some animals in very low concentration; its use on citrus fruits, therefore, is open to strong objection on toxicological grounds. Since this substance falls within the definition of "Preservative" contained in the Preservatives in Food Regulations, its addition to food would be an offence against the Food and Drugs Regulations, its addition to food would be an offence against the Food and Drugs Act since these Regulations do not provide for the exemption of thiourea from the general prohibition of the use of preservatives in food which they impose.

MISCELLANEOUS SAMPLES

One hundred and forty-three samples of a miscellaneous nature were submitted for analysis during 1954 by various departments of the Corporation. They were in connection with Atmospheric Pollution, Water Supplies, Imported Foods (for the Port Health Authority), Fertilisers and Feeding Stuffs, and the Disposal of Waste Liquors.

Investigation of Atmospheric Pollution.

Historical. - "The Investigation of Atmospheric Pollution" is an organisation in which Local Authorities, Government Departments, industrial organisations and others co-operate in the study of the pollution and its prevention. It may be considered to have originated when, following an International Smoke Abatement Exhibition held in London in 1912, an Advisory Committee was formed under the auspices of the Meteorological Office to investigate atmospheric pollution.

It was recognised that effective action to reduce pollution in the atmosphere must be based on reliable knowledge of its nature and extent, and that only by continuous measurement by scientifically standardised methods can the effect of such action be estimated. Hence this Committee, with Sir Napier Shaw, D.Sc., F.R.S., as Chairman, was appointed "to draw up details of a standard apparatus for the measurement of soot and dust, and standard methods for its use." A standard gauge was soon devised and distributed in a number of industrial centres, and methods were drawn up for the examination of deposited impurities including those precipitated by the rainfall.

In 1915 there were less than 40 recording stations in Great Britain. By 1927, however, 80 deposit gauges maintained by 32 Authorities were in operation. In that year the work of the Advisory Committee on Atmospheric Pollution, which had already come under the administration of the Meteorological Office, and taken over by the Department of Scientific and Industrial Research, and in 1928, at the request of the Local Authorities that were then co-operating in the work, the D.S.I.R. agreed to undertake the task of co-ordinating the observations made by the co-operating bodies and to carry out research into the nature of the pollution and the best ways of measuring it. The Local Authorities, on their part, agreed to make local observations and to contribute to the research fund.

In order to guide the D.S.I.R. in carrying out these undertakings, it enlisted the assistance of an advisory committee of scientists, which was designated the Atmospheric Pollution Research Committee. Under the guidance of this Research Committee, and with the co-operation of many Local Authorities, methods of measurement of different forms of atmospheric pollution have been improved and new methods devised, and systematic records of the extent of pollution in many parts of the country have been obtained. The results of this work are published in Monthly Bulletins, in Annual Reports, and in a number of Technical Papers.

In 1945, the Atmospheric Pollution Research Committee became a committee of the Department's Fuel Research organisation, and thus the work became more effectively linked with the various sections of the activities of the Fuel Research Station concerned with the more efficient use of fuel and the reduction of pollution. At the same time the terms of reference of the Committee were modified to include not only observations of the extent and type of pollution, but also the investigation of methods of preventing pollution. The terms of reference of the Atmospheric Pollution Research Committee are now as follows:

> "To carry out the supervision, co-ordination, and collation of the local records of atmospheric pollution and to advise on research into the amount, nature, and prevention of the pollution."

Though the object of the Investigation of Atmospheric Pollution is to obtain exact scientific information, its ultimate purpose is to give assistance to public authorities and to industry in dealing with the smoke problem and with public health questions, and to this end a Standing Conference of Co-operating Bodies has been established to which all who are taking part in the work or who are contributing to the research funds are entitled to send representatives. In this way the closest possible contact is made between the Department, as responsible for the direction of the work, and the representatives of Local Authorities and Industry, as responsible for the practical application of the results. Members of the Atmospheric Pollution Research Committee attend meetings of the Standing Conference, two of which are held annually.

During the last 10 years there has been a widespread increase in the recongition of the importance of clean air for national well-being and this has resulted in an unprecedented growth in the scheme whereby Local Authorities and other organisations co-operate with the Department in making measurements of pollution. Thus, whilst in April 1944 the number of co-operating bodies making measurements was about 40 and the number of measuring instruments then in regular use by them was about 170, in March 1954 the number of co-operating bodies was 190 and the number of instruments was more than 1400. In the Report of the Standing Conference of Co-operating Bodies for the Ten Years ended 31st March 1954, it is stated that the Conference "has followed with satisfaction the expansion of the work during the post-war period, and can note with some pride that the research has been ably backed by a rapid extension of the use of measuring instruments by the co-operating bodies." This is "encouraging evidence that Local Authorities are seriously concerned to ascertain and keep a watch on the state of the atmosphere in their areas."

Swansea Measurements. - From the 1st January, 1954, the Swansea Public Health Department has co-operated in this scheme. In the summer of 1953, Dr. E.T. Wilkins, Superintendent of Observations at the Fuel Research Station, Greenwich, S.E.10, visited Swansea and approved sites for the measurement of pollution at St. Thomas, The Guildhall and Llansamlet. The site at St. Thomas was put into operation on the 1st January, 1954, but delay in obtaining the standard instruments for the other two sites (due to the demand for the apparatus arising out of the phenomenal expansion of the scheme at this time) resulted in measurements at the Guildhall and at Llansamlet not being commenced until the 1st July, 1954. The instruments in use at each of these stations are the Standard Deposit Gauge and the Lead Peroxide "Candle."

The Deposit Gauge. - The deposit gauge was the earliest instrument to be standardized for use by Local Authorities in this country and it is used to measure the rate at which atmospheric pollution is deposited and, by inference, the rate at which it is emitted into the air. It consists essentially of a glass bowl, 12 inches in diameter, draining into a bottle of about 10 litres capacity, and after it has been exposed on the site for one calander month the extent of pollution by deposited matter is determined by analysis of the solid and liquid fractions collected. The full examination of the deposits includes the determination of the volume of liquid (rain) collected, its pH value, the content of calcium, chloride, and sulphate ions and of total dissolved matter; the undissolved matter is weighed and analysed for ash, material soluble in carbon disulphide (i.e. "tarry matters"), and other combustible matter.

The Lead Peroxide method of measuring Sulphur Pollution. - One of the most deleterious products of the combustion of fuels is sulphur present in the form of its oxides, mainly sulphur dioxide. Sulphur dioxide is discharged into the atmosphere with the chimney gases wherever fuel in the form of coal, coke, fuel oil or unpurified gases is burnt. A relatively small proportion of the sulphur contained in solid fuels is retained in the ashes, but the bulk of it goes into the atmosphere. It was estimated by the Beaver Committee on Air Pollution that in Great Britain, in the year 1953, no less than 5.2 million tons of sulphur dioxide were discharged into the atmosphere from the consumption of coal, coke and oil.

The lead peroxide method of estimating atmospheric sulphur dioxide was developed at the Building Research Station in 1932. In this method a small cylinder or "candle" coated with lead peroxide is exposed to the air for one month and then analysed for sulphates, since the sulphur dioxide taken up from the air is oxidised by the lead peroxide to sulphate. To protect the candle from rain and external damage during exposure it is housed in a louvered box. The results are expressed in empirical units, viz. milligrams of sulphur dioxide per day per 100 square centimetres of standard lead peroxide exposed in the standard apparatus; they thus provide comparative data only, but they afford a means of comparing the intensity of pollution of the air by sulphur at different places and times and they give a useful indication of the relative effects of polluted atmospheres upon buildings, stonework, metals and paints.

Results of the Observations for 1954. - The results obtained during the year at each of the three stations are tabulated below. At Llansamlet and the Guildhall the investigations cover only the last six months of the year.

TABLE A.

STATION I - PENTRE-GUINEA ROAD, ST. THOMAS. MONTHLY RESULTS, 1954.

Deposited Matter, tons per square mile.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
TOTAL UNDISSOLVED MATTER	23.90	30.03	31.56	14.93	32.10	24.26	19.76	13.51	22.18	24.72	18.84	15.52
"Tar"	0.45	0.35	0.60	0.12	0.60	0.22	0.23	0.22	0.44	0.70	0.49	0.47
Other combustible matter	11.42	13.50	13.77	9.68	12.94	12.66	10.99	5.76	9.23	7.42	5.62	5.45
Ash	12.03	16.18	17.19	5.13	18.56	11.38	8.54	7.53	12.51	16.60	12.73	9.60
TOTAL DISSOLVED MATTER	10.82	16.18	11.21	3.02	10.02	7.23	6.21	15.18	14.33	11.04	32.91	11.92
Calcium, Ca^{++}	0.64	0.81	0.58	0.29	0.79	0.55	0.49	0.45	0.91	0.77	0.97	0.59
Chlorides, Cl'	2.36	2.69	2.43	0.46	0.14	0.96	1.48	1.34	4.18	2.82	13.30	3.47
Sulphates, SO_4''	2.74	3.49	3.03	1.23	2.82	2.52	1.21	5.47	2.35	2.68	4.43	3.36
TOTAL SOLID MATTER DEPOSITED	34.72	46.21	44.77	17.95	42.12	31.49	25.97	28.69	36.51	35.76	51.75	27.44
Rainfall, in inches	3.56	6.22	3.98	1.18	3.39	5.28	5.71	5.79	6.07	7.41	8.35	5.24
pH value of filtrate from gauge	5.0	4.9	5.5	5.1	5.9	5.9	5.9	5.1	5.9	4.6	4.9	4.7
SULPHUR DIOXIDE, expressed as milligrams SO_3 per 100 sq. cms. lead peroxide per day	1.82	1.42	2.22	1.61	1.67	0.94	0.61	0.93	1.24	1.68	2.32	1.78

TABLE B.

Deposited Matter, tons per square mile.

Type of Deposit	STATION II - CHURCH RD., LLANSAMLET.						STATION III - THE GUILDHALL					
	July	Aug.	Sept.	Oct.	Nov.	Dec.	July	Aug.	Sept.	Oct.	Nov.	Dec.
TOTAL UNDISSOLVED MATTER	15.82	14.41	16.81	11.48	27.15	14.10	3.95	4.36	5.86	5.20	9.59	4.59
"Tar"	0.15	0.19	1.45	0.47	1.10	0.32	0.15	0.15	0.03	0.15	0.27	0.22
Other combustible matter	5.68	6.27	6.18	5.29	9.39	4.28	1.41	1.91	2.69	2.65	2.48	1.30
Ash	9.99	7.95	9.18	5.72	16.66	9.50	2.39	2.30	3.14	2.40	6.84	3.07
TOTAL DISSOLVED MATTER	23.91	19.01	22.41	26.31	32.74	16.65	11.75	13.81	12.71	11.56	47.73	12.65
Calcium, Ca^{++}	0.56	0.30	0.71	0.91	0.66	0.47	0.31	0.39	0.61	0.73	1.30	0.61
Chlorides, Cl'	1.43	1.22	3.82	2.65	10.42	2.89	1.32	1.39	4.09	3.65	16.17	3.85
Sulphates, SO_4''	9.87	6.90	5.53	8.44	6.47	5.10	4.87	4.46	1.64	1.79	5.02	2.53
TOTAL SOLID MATTER DEPOSITED	39.73	33.42	39.22	37.79	59.89	30.75	15.70	18.17	18.57	16.76	57.32	17.24
Rainfall, in inches	4.77	5.75	6.79	8.75	8.58	4.85	4.06	4.93	5.23	6.99	7.69	5.87
pH value of filtrate from gauge	6.0	6.0	5.9	5.5	6.1	5.9	5.5	5.5	5.6	5.0	5.9	5.5
SULPHUR DIOXIDE, expressed as milligrams SO_3 per 100 sq. cms. lead peroxide per day	0.61	0.48	0.93	1.40	0.93	1.14	0.50	0.39	0.50	0.58	0.88	0.84

The next table shows the rate of deposition of the various types of pollutants at St. Thomas, together with the monthly averages for the whole year, for the summer months (April - September) and for the winter months (October - March) on this site.

TABLE C

STATION I - ST. THOMAS. Deposited Matter, tons per square mile.

Type of Deposit.	1954	Monthly Averages.		
		For whole year	For summer months	For winter months.
TOTAL UNDISSOLVED MATTER	271.3	22.61	21.12	24.09
Tar	4.9	0.41	0.30	0.51
Other combustible matter	148.0	9.87	10.21	9.53
Ash	118.4	12.33	10.61	14.05
TOTAL DISSOLVED MATTER	150.1	12.51	9.33	15.68
Calcium, Ca^{++}	7.8	0.65	0.58	0.73
Chlorides, Cl'	36.6	3.05	1.59	4.51
Sulphates, SO_4''	35.3	2.94	2.60	3.29
TOTAL SOLID MATTER DEPOSITED	421.4	35.12	30.45	39.77
Rainfall, in inches	62.2	5.18	4.57	5.79
pH value of filtrate from gauge:-				
Maximum		5.9	5.9	5.5
Minimum		4.6	5.1	4.6
Average		5.3	5.6	4.9
SULPHUR DIOXIDE, expressed as milligrams SO_3 per 100 sq. cms. lead peroxide per day		1.52	1.17	1.87

In the following table comparison of the monthly rates of deposition for the last six months of the year at each of the three sites is made.

TABLE D.

Monthly Averages over the period July - December 1954.

Type of Deposit	Site No.1 St. Thomas	Site No.2 Llansamlet	Site No.3 Guildhall
TOTAL UNDISSOLVED MATTER	19.09	16.63	5.59
"Tar"	0.43	0.61	0.16
Other combustible matter	7.41	6.18	2.07
Ash	11.25	9.84	3.36
TOTAL DISSOLVED MATTER	15.26	23.50	18.37
Calcium, Ca^{++}	0.70	0.60	0.66
Chlorides, Cl'	4.43	3.74	5.08
Sulphates, SO_4''	3.25	7.05	3.38
TOTAL SOLID MATTER DEPOSITED	34.35	40.13	23.96
Rainfall, in inches.	6.43	6.58	5.80
pH value of filtrate from gauge:-			
Maximum	5.9	6.1	5.9
Minimum	4.6	5.5	5.0
Average	5.2	5.9	5.5
SULPHUR DIOXIDE, expressed as milligrams SO_3 per 100 sq. cms. lead peroxide per day	1.43	0.92	0.62

The rate of deposition of pollution in any one specified locality depends not only on the fuel consumed in that locality; it depends also on rainfall, the strength and direction of the wind and other meterological factors. In the gauge at any particular site, therefore, widely differing quantities of material are often collected in successive months due to variation in these factors, and only a small part of the differences is due to variations in the rate at which pollution is emitted. On an average over a long time, however, rainfall, wind and the other meterological variables are approximately constant, so that changes in the emission of atmospheric pollution can be detected. Experience has shown that reliable conclusions can be drawn from consideration of data gathered over periods of five years and for this reason it is the practice of the Fuel Research Station to issue periodically reports in which comparison is made of five-yearly averages. In this way changes in the amount of atmospheric contamination can be determined and their significance can be statistically assessed. Trends in pollution are thus ascertained.

Some conclusions can be drawn, however, from the data already recorded and the notes under the next heading may assist in interpreting the results, consideration of which follows.

The Significance of certain Constituents of Atmospheric Pollution. - The "tar", i.e. matter soluble in carbon disulphide, includes the more volatile matters - largely heavy hydrocarbons - given off in the early stages of heating coal. These tarry matters give rise to the characteristic smoky odours of coal or wood fires and by their condensation on surfaces soil them and facilitate the fixation of other dirt-producing matters. A high deposit of tar can only be due to pollution from domestic chimneys or very inefficient industrial furnaces, since in a properly constructed and worked furnace a high temperature is maintained for a sufficient distance from the main place of combustion for all combustible vapours to be fully burned before the furnace gases leave the chimney.

Similarly, a high deposit of carbonaceous matter other than tar (described as "other combustible matter" in the tables given above) indicates bad and uneconomical adjustment of air supply and furnace conditions, by which, although the escape of tar may be small, solid combustible particles escape in excessive amounts. This may happen when pulverised fuel is burned in badly designed or operated furnaces, but it is probably mostly associated with domestic fires and furnaces in works where steam-raising is not one of the major operations, or where the load is very variable.

"Ash", except such as may be contributed by windswept soil, is due in part to unrestricted chimney gas velocity by which particles of ash are carried up the chimney, and in part to inefficient grit removers. High ash deposits, soluble or insoluble, must, usually, be attributed to the consumption of coal and coke in fires of all kinds.

Sulphates must be almost entirely derived from the combustion of fuel and from projection of coal ash into the air, and high deposits of sulphates usually indicate excessive pollution with emissions from chimneys.

The most obvious origin of chlorides is from sea spray, which is an important source of the nuclei on which raindrops are formed, but since the chlorine content of coal may amount to 0.5 or even 1 per cent. it is probable that in many industrial and residential districts much of the chlorides deposited comes from hydrochloric acid given off during combustion.

The only likely sources of lime in deposits are sea spray and dusts projected into the air. Where limestone or chalk are predominating surface rocks, erosion of this will probably account for much of the lime found. The large surfaces of building stone, concrete and mortar exposed in uninhabited districts must, by slow erosion, yield considerable amounts of calcareous dust. Coal ash may also contribute some proportion of the lime found in deposits. The solubility of calcium carbonate in water is sufficient to give, in the absence of acids, a pH value of more than 8.

The pH value or hydrogen-ion concentration of a solution provides a convenient measure of the acidity or alkalinity of a solution. The strongest known acids have a pH of less than 1, and each unit of pH indicates a decrease of 1/10th of active acidity. Thus, pH 3 is ten times as actively acid as pH4. The pH of pure water to which no acid or alkali has been added is about 7, but water which has been exposed to air and has dissolved its full amount of the carbon dioxide natural to air, becomes slightly acid with a pH of 5.5 or thereabouts. A ph lower than 5.5 may be taken as evidence of an excessive amount of acid gases, probably sulphur dioxide, in the air. Higher figures in most cases indicate the solution of carbonates (e.g. of lime) in the water, or possibly in some cases of free ammonia. Determinations of the pH of the water collected in the gauge, therefore, can provide valuable evidence as to impurity in the air.

Observations on the Results for the Year 1954. - At the St. Thomas site the total amount of solid matter deposited during the year was equivalent to 421 tons per square mile, the monthly average being 35.1 tons per square mile. According to the Report of the Director of Fuel Research on the Investigation of Atmospheric Pollution for the Ten Years ended 31st March, 1954, the average monthly deposit for all the 110 sites at which deposit gauges have been in operation over at least seven years is 18 tons per square mile. At six sites where the total amounts of deposit were among the highest recorded in 1949-54 the average rate of deposition was 69 tons/sq. mile/month, and at six sites having the lowest amount of deposit the rate was 6 tons/sq. mile/month.

The results at St. Thomas also indicate (Table C) that the atmosphere was more heavily polluted during the winter months than in the summer. This was particularly marked in respect of the soluble components of the deposit whereas the insoluble matters showed much less marked variation. This may be related in part to the greater acidity of the rain water during the winter, when its pH value ranged from 4.6 to 5.5 with an average of 4.9, as against a range of 5.1 to 5.9 and an average pH of 5.6 during the summer months, and in part to the effect of gales during the winter causing more spray from the sea.

During the last six months of the year the deposited matter was somewhat greater at Llansamlet (40 tons/sq. mile/month) than at St. Thomas (34 tons/sq. mile/month). At the Guildhall the deposited solids were very much less (24 tons/sq. mile/month), the undissolved fraction which comprises soot, grit and tarry matters, being less than one-third of the amounts at the other two sites (Table D).

In Table A and B, the effect of the gales in November is apparent, the chloride content of the rain water being much above the average at all three sites, the greatest effect being at the Guildhall site, while at St. Thomas it was more marked than at Llansamlet. The chloride content of the rain-water collected during this month varies therefore directly with the distances of these three sites from the foreshore.

For the last six months of the year, the pollution with sulphur dioxide at St. Thomas was, on the average, 2.3 times that at the Guildhall, and at Llansamlet it was 1.5 times that at the Guildhall (Table D). The atmosphere at St.Thomas was distinctly acid, the average pH value of the rain water for the last six months of the year being 5.2, and the average for the whole year 5.3. The lowest pH value recorded during the year was at St. Thomas in October when it was 4.6 (Tables C and A).

Water Supplies.

Twenty-five samples of water were submitted for chemical, physical and microscopical examination - 16 by the Public Health Department and 9 by the Water Department.

A disturbing feature during the Spring was that numerous complaints of an objectionable taste to the water supply were made by consumers to both the Public Health and Water Departments. This taste was generally described as "musty", "earthy" or "woody." Examination of samples from the various sources indicated that the taste originated in the water from the Dan-yr-Ogof caves, and it appeared that it was associated with the marked white turbidity that occurred in the water from the River Llynfell at this time. Microscopical examination of the matter deposited upon standing showed the presence of an unusually large number of diatoms and of decaying vegetable matter bearing fungal growths, both of which types of micro-organisms are known to give rise to odours and taste in water supplies. This occurence was a matter of concern to both the Water Engineer and the Medical Officer of Health because of the lack of filtration plant, for this matter could not be cured by chlorination alone.

The following are analyses of samples from the Lliw, Cray, and Dan-yr-Ogof supplies taken during the year:-

Results in parts per million

	Lliw supply at Pontlasse 19/10/54.	Cray, from the Reservoir 14/12/54.	River Llynfell at Dan-yr-Ogof 15/5/54.
Solids in solution	54	42	150
Chlorine in chlorides	10	9	11
Carbonate hardness	7	11	101
Permanent hardness	18	23	8
Total hardness	25	34	109
pH value	6.3	6.8	8.2
Annomiacal nitrogen	0.006	0.03	0.020
Albuminoid nitrogen	0.036	0.07	0.026
Nitrate nitrogen	0.2	0.1	0.07
Nitrite nitrogen	nil	nil	0.001
Oxygen absorbed in 4 hrs. at 80°F.	0.33	1.5	0.52
Lead in solution	nil	nil	nil
Manganese in solution	nil	0.04	nil

The Lliw supply is distinctly acid and has very little carbonate hardness. It is liable therefore to dissolve lead and one sample from this source in April did contain 0.2 part per million of lead. The Cray supply is almost neutral and has a slightly higher carbonate hardness than the Lliw. It is not normally plumbo-solvent. The water from the Dan-yr-Ogof caves is faintly alkaline in reaction and it is slightly hard.

Two samples from Springs were of satisfactory organic purity.

Fertilers and Feeding Stuffs.

Thirty-seven samples were submitted under the provisions of the Fertilisers and Feeding Stuffs Act, 1926, by the Chief Inspector of Weights and Measures. This Act requires Statutory Statements of composition to be given with fertilisers and feeding stuffs, and the Regulations under the Act prescribe limits of variation between these statements and the actual composition of the articles.

Twenty-three of the samples were fertilisers and they comprised the following articles:- Compound fertilisers 13, Bone meal 3, Dried blood, Nitrate of Soda, Sulphate of ammonia, Sulphate of potash (3), and Superphosphate. Upon analysis 15 of these samples were found to be correct within the limits of variation allowed, while five showed minor deviations outside the permitted limits of variation (excess of a phosphatic constituent) which were not to the prejudice of a purchaser. In the other three instances the irregularities was not sufficient to justify legal action and they were appropriately dealt with by the Chief Inspector.

Fourteen samples of feeding stuffs were examined and the valuable constituents were correctly declared in 7 of these. In the other 7 samples only minor deviations from the guaranteed figures were found and these also not to the prejudice of a purchaser since the irregularities consisted in three instances of a small excess of oil and in the other case there was an excess of protein.

Disposal of Trade Wastes.

A sample of an effluent from a factory on the Fforestfach Trading Estate and one of liquor from low points on the gas distribution mains within the Borough were submitted by the Borough Engineer and Surveyor for analysis. In reporting upon these samples suggestions were made for their satisfactory disposal.

Consideration was also given to proposals for treating an effluent from the new National Sciences building of the University College and recommendations were made to the Borough Engineer.

Swansea Port Health Authority - Imported Foodstuffs.

Seven samples of foods were examined for the Swansea Port Health Authority. They consisted of the following articles:-

Canned herrings in sauce	2
Canned pineapple segments	2
Canned plums	2
Condensed Milk, Full-cream, Sweetened	1

The canned fruits and the canned herrings were in a satisfactory condition and showed no excessive metallic contamination, while the condensed milk was normal in appearance and consistency, and complied with the requirements as to composition and labelling laid down for a sweetened full-cream product by the Public Health (Condensed Milk) Regulations.

UNSOUND FOOD SURRENDERED AND DESTROYED.

Condemned food is disposed of by the following methods:-

(a) Meat condemned at the Abbatoir is disposed to a licensed dealer in animal foods.

(b) Other foods are removed to the Corporation refuse tips for disposal under the supervision of a Food and Drugs Inspector.

Commodity	No. of Containers	Total Weight Tons.	Cwts.	Qtrs.	Lbs.	Ozs.
Meat	1737	1	18	3	13	9
Fruit	2789	3	3	2	15	8
Vegetables	1283	-	15	0	15	14
Milk	1029	-	8	3	1	8
Fish	146	-	1	2	13	11
Soup	34	-	-	1	3	8
Fresh meat		2	1	3	19	8

Lbs. of Fish ...	715 lbs.
" " Rabbits ...	117 "
" " Poultry ...	295 "
" " Prawns ...	56 "
" " Tomatoes ..	61 "
" " Butter)	
" " Margarine)	48 "
" " Cream)	
" " Fat ...	163 "
" " Pickles ...	

Lbs. of Sausages) ...	210 lbs.
" " Kidneys) ...	
" " Jam ...	67 "
" " Sugar ...	15 "
" " Sweets ...	27 "
" " Confectionary.	48 "
" " Ground Almonds	56 "
" " Cheese ...	437 "
" " Cake ...	222 "
" " Puff Pastry ..	5 "

Miscellaneous

Cornflakes ...	78 Packets
Chocolate Rolls ...	12 Boxes
Chocolate Mallows..	180 Boxes
Sweets ...	144 Packets
Salt ...	22 Packets

Cheese ...	436 Packets
Cream ...	5 Tins
Energen Rolls ...	6 Packets
Jellies ...	40 Packets
Fruit Juice ...	1 Bottle

SWANSEA ABATTOIR - CARCASES INSPECTED AND CONDEMNED.

	Description		Cattle excluding cows.	Cows	Calves	Sheep and Lambs	Pigs	Approx. Weight			
								Tons.	Cwts.	Qtrs.	lbs.
All Diseases except T.B.	No. killed	1.	4,302	2,757	10,707	49,107	17,514				
	Whole Carcases Condemned	3.	7	77	124	48	14	18	4	1	20
	Carcases of which some part or organ was condemned	4.	13	64	19	47	84	1	6	2	20
Tuberculosis only	Whole carcases condemned	6.	5	37	1	-	8	9	3	2	25
	Carcases of which some part or organ was condemned	7.	3	11	-	-	-	1	10	0	1
Offal	Livers	9.	3,113	-	125	6,111	424	48	2	1	8
	Part Livers	10.	1,057	-	-	-	-				
	Heads	11.	299	-	91	402	343				
	Lungs	12.	2,782	-	100	6,610	318				
						TOTAL		78	7	0	18

MISCELLANEOUS

INSPECTIONS

Amusement places	62
Public Houses	167

Work Done

Ventilation improved	1
Cleanliness improved	3
Other repairs	1
Urinals repaired	1

TENTS, VANS, SHEDS OR SIMILAR STRUCTURES

Visits	28

Work Done

Removed	16

Miscellaneous Inspections

Seamens' Lodging houses - day	2
Schools	9
Tips	10
Accumulations	80
Back lanes	17
Visits not classified	76
Marine Stores	2

ATMOSPHERIC POLLUTION

Smoke or grit observations	36
Visits re. atmospheric pollution	47

PET ANIMALS ACT

Visits	22

RAG FLOCK ACT

Samples taken	5

PLANS EXAMINED

Satisfactory	603
Unsatisfactory	67

LOCAL LAND CHARGES ENQUIRIES	1,082
COMPLAINTS TO BOROUGH ENGINEER	64

PHARMACY & POISONS ACT.

Visits.	56

DISINFESTATION

Gassings and Sprayings.

Rooms disinfected	376
Rooms sprayed	598
Bedding destroyed	8
Steam disinfection	2

Rodent Control (other than Sewers).

No. of inspections	217
No. of visits	4,443
Baits laid	29,779
Bodies found, - rats	560
Bodies found, - mice	156

The following return relating to the year ended 31st March 1955 is printed for information.

	TYPE OF PROPERTY				
	Non-Agricultural				
	(1) Local Authority.	(2) Dwelling Houses (inc. Council Houses)	(3) All other (including Business Premises)	(4) Total of Cols. (1) (2)&(3)	(5) Agricultural
I. Number of Properties in L. A's District. (Notes 1 & 2).	105	42,971	6,525	49,601	187
II. No. of Properties inspected as result of:-					
(a) Notification	40	266	69	375	3
(b) Survey under Act	55	236	76	367	100
(c) Otherwise (e.g. when visited primarily for some other purpose.	3	7	11	21	
III. Total inspections carried out including re-inspections (to be completed only if figures are readily available)					
IV. No. of properties inspection (in Sect. II) which were found to be infested by:-					
(a) Rats - Major	57	293	92	442	3
- Minor	18	97	29	144	
(b) Mice - Major	18	90	27	135	
- Minor	5	29	8	42	
V. No. of infested properties (in Sec. IV) treated by L. A. (Figures should NOT exceed those given at Sect. IV)	98	509	156	763	

RODENT CONTROL IN SEWERS

	No. of Manholes Baited.	Partial Takes	Complete Takes	Total Takes	No. Takes.
Foul	7916	5329	763	6092	1824
S.W.D.	1279	608	Nil	608	671
	9195	5937	763	6700	2495

SAUSAGE RUSKS - ZINC PHOSPHIDE 10%